

# 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

Freedom First PAC

ADDRESS (number and street) PO BOX 9190  
 Check if different than previously reported. (ACC) ST PAUL MN 55109

2. **FEC IDENTIFICATION NUMBER** C00467688  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)  May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  Aug 20 (M8)  Sep 20 (M9)  Oct 20 (M10)  Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)  
(c) 12-Day **PRE-Election Report for the:**  Primary (12P)  Convention (12C)  General (12G)  Special (12S)  Runoff (12R)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election Report for the:**  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 06 30 2010

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

Type or Print Name of Treasurer Don Stiles

Signature of Treasurer Electronically Filed by Don Stiles Date 10 15 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Freedom First PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		884075.19
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	911085.18									
(c) Total Receipts (from Line 19) .....	728076.90	1295855.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1639162.08	2179931.06								
7. Total Disbursements (from Line 31) .....	699748.97	1240517.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	939413.11	939413.11								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Freedom First PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	597252.51	1094078.51
(ii) Unitemized .....	109184.13	174973.63
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	706436.64	1269052.14
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	17065.00	21515.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	723501.64	1290567.14
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) .....	4408.25	5060.25
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	167.01	228.48
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)) .....	728076.90	1295855.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	728076.90	1295855.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	614942.97	1118711.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	614942.97	1118711.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65306.00	92106.00
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 .....	1000.00	6200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1000.00	11200.00
29. Other Disbursements.....	18500.00	18500.00
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))..	699748.97	1240517.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	699748.97	1240517.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 322

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) .....	723501.64	1290567.14
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	11200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	722501.64	1279367.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	614942.97	1118711.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	4408.25	5060.25
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	610534.72	1113651.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 322
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Terry Adams	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 113 Crestwood Dr	<b>Transaction ID:</b> SA11COND.4
	City State Zip Code Churchville VA 24421-2315	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b> H6MN06074	<b>EARMARKED FOR MICHELE BACHMANN</b>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation PRACTICE ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DENNIS ALBERS	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 48 LAKEVIEW AVE	<b>Transaction ID:</b> SA11.7023
	City State Zip Code PIEDMONT CA 94611-3515	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer SELF	Occupation INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ARTHUR ALLEN	Date of Receipt MM / DD / YYYY 05 / 03 / 2010
	Mailing Address 1333 3RD AVENUE S.	<b>Transaction ID:</b> SA11.5722
	City State Zip Code NAPLES FL 34102-6400	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer ALLEN INVESTMENT GROUP	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6025.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAMES N. ANDERSEN, SR.	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 6456 SMITHTOWN ROAD	<b>Transaction ID:</b> SA11.7050
	City State Zip Code EXCELSIOR MN 55331-8211	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation IWCO DIRECT CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	SEE REATTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JAMES N. ANDERSEN, SR.	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 6456 SMITHTOWN ROAD	<b>Transaction ID:</b> SA11.7050B
	City State Zip Code EXCELSIOR MN 55331-8211	Amount of Each Receipt this Period -5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation IWCO DIRECT CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	<b>[MEMO ITEM]</b> REATTRIBUTION TO SPOUSE

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. PATRICIA M. ANDERSEN	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 6456 SMITHTOWN ROAD	<b>Transaction ID:</b> SA11.7051
	City State Zip Code EXCELSIOR MN 55331-8211	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	<b>[MEMO ITEM]</b> REATTRIBUTION FROM SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MS. LYNN M. ANDERSON

Mailing Address 12620 RESDEN ROAD

City State Zip Code  
PLYMOUTH MN 55441-5757

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

Name of Employer Occupation  
HOLIDAY COMPANIES ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** SA11.5140

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. ALBERT T. ANNEXSTAD

Mailing Address 5325 ELMRIDGE CIRCLE

City State Zip Code  
SHOREWOOD MN 55331-8355

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

Name of Employer Occupation  
FEDERATED INSURANCE CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2010

**Transaction ID:** SA11.7853

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. CATHERINE C. ANNEXSTAD

Mailing Address 5325 ELMRIDGE CIRCLE

City State Zip Code  
SHOREWOOD MN 55331-8355

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 ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2010

**Transaction ID:** SA11.7846

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11500.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ISAAC APPLBAUM	Date of Receipt MM / DD / YYYY 06 / 23 / 2010
	Mailing Address 837 LONGRIDGE ROAD	<b>Transaction ID:</b> SA11.8007
	City State Zip Code OAKLAND CA 94610-2446	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SELF-EMPLOYED CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DAVID H. ARNOLD	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 1853 EDGEWOOD ROAD	<b>Transaction ID:</b> SA11.8132
	City State Zip Code WINONA MN 55987-2106	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation WINONA ASSOCIATES PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. SHARON LEE AVENT	Date of Receipt MM / DD / YYYY 05 / 05 / 2010
	Mailing Address 12930 LOCK BLVD.	<b>Transaction ID:</b> SA11.5956
	City State Zip Code HASTINGS MN 55033-8653	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SMEAD MFG. COMPANY PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. SHARON LEE AVENT  
Mailing Address 12930 LOCK BLVD.  
City HASTINGS State MN Zip Code 55033-8653  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SMEAD MFG. COMPANY Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00  
Date of Receipt 06 / 18 / 2010  
Transaction ID: SA11.7907  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
KAREN JOAN BAKER  
Mailing Address 3059 FAIRVIEW LANE  
City ORONO State MN Zip Code 55356-9718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 25 / 2010  
Transaction ID: SA11.6562  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. SCOTT T. BAKER  
Mailing Address 5294 ANDERLIE LANE  
City WHITE BEAR LAKE State MN Zip Code 55110-5805  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SCOTTS MIRACLE-GRO Occupation CHIEF OPERATING OFFICER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11.8260  
Amount of Each Receipt this Period 2000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 322  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. STEVEN D. BAKER

Mailing Address 350 E. 79TH STREET  
APARTMENT 5H

City NEW YORK State NY Zip Code 10075-9204

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

Name of Employer MORGAN STANLEY Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2010  
Transaction ID: SA11.5682  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JERALD BALDRIDGE

Mailing Address 1925 CEDAR SPRINGS #303

City DALLAS State TX Zip Code 75201-1785

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

Name of Employer REPUBLIC ENERGY Occupation CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 16 / 2010  
Transaction ID: SA11.7650  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. KEITH S. BARES

Mailing Address 2152 MEDINA ROAD

City MEDINA State MN Zip Code 55340-9795

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

Name of Employer CONVERGENT CAPITAL MANAGEMENT, LLC Occupation INVESTMENT EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2010  
Transaction ID: SA11.5663  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 322  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. PAUL B. BARRINGER

Mailing Address P.O. BOX 829

City State Zip Code  
WELDON NC 27890-0829

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

Name of Employer Occupation  
C.F.R.C. INC. CHAIRMAN & C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

Transaction ID: SA11.7218

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
Dan Basel

Mailing Address 45 Karen Ct

City State Zip Code  
Mankato MN 56001-5529

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS GIVING COUNSELOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: SA11COND.46

Amount of Each Receipt this Period  
10.00

EARMARKED FOR MICHELE BACHMANN

**C.**

Full Name (Last, First, Middle Initial)  
MRS. VAL IMM BASHOUR

Mailing Address 6715 STICHLER AVENUE

City State Zip Code  
DALLAS TX 75230-5314

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

Name of Employer Occupation  
SELF-EMPLOYED WRITER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2010

Transaction ID: SA11.7634

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1260.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 322  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. SUSAN P. BECHTEL

Mailing Address P.O. BOX 620069

City State Zip Code  
WOODSIDE CA 94062-0069

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 ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2010

**Transaction ID:** SA11.8001

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. PHYLLIS BEDFORD

Mailing Address 659 BREWER DRIVE

City State Zip Code  
HILLSBOROUGH CA 94010-6636

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

Name of Employer Occupation  
PENINSULA CAPITAL MANAGEM- ENT MORAL MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2010

**Transaction ID:** SA11.8000

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
Vivian Bennett

Mailing Address 4623 Hillcrest Pkwy

City State Zip Code  
Slinger WI 53086

FEC ID number of contributing federal political committee. **C** HOWI07051

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  
05 / 24 / 2010

**Transaction ID:** SA11COND.56

Amount of Each Receipt this Period  
200.00

EARMARKED FOR SEAN DUFFY

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT A. BENSMAN

Mailing Address 2333 WAUKEGAN ROAD #275

City State Zip Code  
BANNOCKBURN IL 60015-1574

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

Name of Employer Occupation  
THE BENSMAN GROUP CHAIRMAN/C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

Transaction ID: SA11.6115

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. CRAIG E. BENDAHL

Mailing Address 4800 BYWOOD STREET W.

City State Zip Code  
EDINA MN 55436-1307

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

Name of Employer Occupation  
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11.8255

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM J. BERENS

Mailing Address 1601 BEECHWOOD AVENUE

City State Zip Code  
ST. PAUL MN 55116-2409

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

Name of Employer Occupation  
DORSEY & WHITNEY LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

Transaction ID: SA11.7031

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 322

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Bob Bergen

Mailing Address 18162 161st Ave

City State Zip Code  
Spring Valley MN 55975-3113

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
BIOCHEMIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.24

Amount of Each Receipt this Period

10.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOHN E. BESSE

Mailing Address 18700 25TH AVENUE N.

City State Zip Code  
PLYMOUTH MN 55447-2075

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

Name of Employer  
U.S. BANK

Occupation  
EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11.7387

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. THERESA M. BEVILACQUA

Mailing Address 17540 48TH PLACE N.

City State Zip Code  
PLYMOUTH MN 55446-3900

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

Name of Employer  
DORSEY

Occupation  
ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11.7033

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

760.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Wilbur Biemesderfer

Mailing Address 3565 Burnt Pond Rd

City State Zip Code  
Ostrander OH 43061-9776

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.1

Amount of Each Receipt this Period

25.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
Fred Bills

Mailing Address P.O. Box 374

City State Zip Code  
Long Lake MN 55356-0374

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS PRES.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.5

Amount of Each Receipt this Period

25.00

EARMARKED FOR MICHELE BACHMANN

**C.**

Full Name (Last, First, Middle Initial)  
MR. BRENT G. BLACKKEY

Mailing Address 6389 OXBOW BEND

City State Zip Code  
CHANHASSEN MN 55317-9128

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

Name of Employer Occupation  
HOLIDAY COMPANIES MANAGEMENT

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

Date of Receipt

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

Transaction ID: SA11.5137

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

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

2050.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 322  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM S. BLOOMER, III

Mailing Address 630 INDIAN MOUND STREET #303

City State Zip Code  
WAYZATA MN 55391-1783

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

Name of Employer Occupation  
LEXUS OF WAYZATA AUTOMOBILE DEALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11.8262

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. CHARLES K. BOBRINSKOY

Mailing Address 707 GLENRIDGE DRIVE

City State Zip Code  
GLENVIEW IL 60025-4475

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

Name of Employer Occupation  
ARIEL INVESTMENTS ASSET MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

Transaction ID: SA11.5684

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. DAVID L. BOEHNEN

Mailing Address 71 OTIS LANE

City State Zip Code  
ST. PAUL MN 55104-5645

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

Name of Employer Occupation  
SUPERVALU INC. EXECUTIVE VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

Transaction ID: SA11.5650

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)

Joyce Boothman

Mailing Address 920 Ella Street

City

Bridgeville

State

PA

Zip Code

15017-2504

FEC ID number of contributing federal political committee.

**C** H6MN06074

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

Primary  General  
 Other (specify) ▼

Occupation

EXECUTIVE ASSISTANT

Aggregate Year-to-Date ▼

25.00

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: SA11COND.16

Amount of Each Receipt this Period

25.00

EARMARKED FOR MICHELE BAC-  
HMANN

**B.**

Full Name (Last, First, Middle Initial)

MS. WENDY L. BREUDER

Mailing Address 28556 KELSEY POINT

City

BARRINGTON

State

IL

Zip Code

60010-5960

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HARRIS PRIVATE BANK

Receipt For:

Primary  General  
 Other (specify) ▼

Occupation

WEALTH ADVISOR

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 23 / 2010

Transaction ID: SA11.5646

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. BROWN

Mailing Address 2660 STONE ARCH ROAD

City

WAYZATA

State

MN

Zip Code

55391-2743

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

Primary  General  
 Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 24 / 2010

Transaction ID: SA11.6566

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 322
	<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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. STEVEN BROWN

Mailing Address INFO REQUESTED

City INFO REQUESTED State XX Zip Code 99999

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

Transaction ID: SA11.5696

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Bryan Butterfield

Mailing Address 2900 Lilac Drive N

City Golden Valley State MN Zip Code 55422-2723

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  
Occupation PROJECT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: SA11COND.44

Amount of Each Receipt this Period  
10.00

EARMARKED FOR MICHELE BACHMANN

**C.** Full Name (Last, First, Middle Initial)  
MR. RICHARD A. CALRSON

Mailing Address 6425 INDIAN HILLS ROAD

City EDINA State MN Zip Code 55439-1160

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

Name of Employer RETIRED  
Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: SA11.6565

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6010.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial) JENNIE CARLSON		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	5		2	0	1	0													
Mailing Address 6425 INDIAN HILLS ROAD		<b>Transaction ID:</b> SA11.6564																				
City EDINA	State MN	Zip Code 55439-1160																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																			
1000.00																						
Name of Employer US BANCORP	Occupation EXECUTIVE VP - HR	CONTRIBUTION																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>		1000.00																			
1000.00																						

**B.**

Full Name (Last, First, Middle Initial) MS. JOSEPHINE BENZ CARPENTER		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	1		2	0	1	0													
Mailing Address P.O. BOX 659		<b>Transaction ID:</b> SA11.7036																				
City WAYZATA	State MN	Zip Code 55391-0659																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																			
1000.00																						
Name of Employer SELF-EMPLOYED	Occupation CONSULTANT	CONTRIBUTION																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>		1000.00																			
1000.00																						

**C.**

Full Name (Last, First, Middle Initial) MR. WALLACE G. CARSON		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	7		2	0	1	0													
Mailing Address 3010 SOMERSET LANE		<b>Transaction ID:</b> SA11.7477																				
City ORONO	State MN	Zip Code 55356-9682																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>	500.00																			
500.00																						
Name of Employer DELOITTE	Occupation C.P.A.	CONTRIBUTION																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>		500.00																			
500.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td>2500.00</td></tr></table>	2500.00
2500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ANDREW CECERE		Date of Receipt
	Mailing Address 6 BLUE FLAG COURT		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	NORTH OAKS	MN	55127-6464
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer U.S. BANCORP		Occupation C.P.O.	Transaction ID: SA11.7381
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
CONTRIBUTION			

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. BEVERLY S. CLARK		Date of Receipt
	Mailing Address 4827 WINTERGREEN LANE		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	ROCHESTER	MN	55901-3792
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11.6658
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
CONTRIBUTION			

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. ELLOINE M. CLARK		Date of Receipt
	Mailing Address 3716 MAPLEWOOD AVENUE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	DALLAS	TX	75205-2827
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.8216
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>
CONTRIBUTION			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. ELLIOTT A. COBB

Mailing Address 10509 PURDEY ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347-5224

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

Name of Employer  
E.C.A. MARKETING, INC. Occupation  
C.E.O.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11.8261

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. JEAN E. COBB

Mailing Address 10509 PURDEY ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347-5224

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

Name of Employer  
E.C.A. MARKETING F.N.C. Occupation  
C.O.O.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11.8257

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL COHEN

Mailing Address 5215 URSULA LANE

City State Zip Code  
DALLAS TX 75229-6421

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

Name of Employer  
KELLIS GIFT SHOP SUPPLIERS Occupation  
EXECUTIVE

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

Transaction ID: SA11.7618

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. BRAD COOK  
 Mailing Address 18230 BEARPATH TRAIL  
 City State Zip Code  
EDEN PRAIRIE MN 55347-3453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
COOK AND ASSOCIATES CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00  
 Date of Receipt: MM / DD / YYYY  
05 / 24 / 2010  
**Transaction ID:** SA11.6897  
 Amount of Each Receipt this Period  
300.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. JUDY COOK  
 Mailing Address 415 IDAHO AVENUE N.  
 City State Zip Code  
GOLDEN VALLEY MN 55427-4936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
LOOK HILL GIRARD LOBBYIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt: MM / DD / YYYY  
06 / 04 / 2010  
**Transaction ID:** SA11.7383  
 Amount of Each Receipt this Period  
500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
Dennis Cooper  
 Mailing Address 8134 100 St SE  
 City State Zip Code  
Alto MI 49302-9215  
 FEC ID number of contributing federal political committee. **C** H6MN06074  
 Name of Employer Occupation  
RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10.00  
 Date of Receipt: MM / DD / YYYY  
04 / 30 / 2010  
**Transaction ID:** SA11COND.37  
 Amount of Each Receipt this Period  
10.00  
 EARMARKED FOR MICHELE BACHMANN

**SUBTOTAL** of Receipts This Page (optional) ..... ► 810.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. LOREN CORLE

Mailing Address 12595 199TH AVENUE NE

City State Zip Code  
NEW LONDON MN 56273-9732

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

Name of Employer RELCO UNISYSTEMS CORPORATION  
Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2010

Transaction ID: SA11.6039

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. DENNIS M. CORNELL

Mailing Address 184 COLEBAUGH POND ROAD

City State Zip Code  
CROTON ON HUDSON NY 10520-3218

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

Name of Employer MORGAN STANLEY  
Occupation INVESTMENT BANKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2010

Transaction ID: SA11.7973

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JEFFREY D. COTTON

Mailing Address 5041 MINNEAPOLIS AVENUE

City State Zip Code  
MINNETRISTA MN 55364-9768

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

Name of Employer DELOITTE  
Occupation OFFICE MANAGING PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2010

Transaction ID: SA11.7382

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. TODD D. CRAIG

Mailing Address 316 CYPRESS COURT

City State Zip Code  
ANDOVER KS 67002-9062

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

Name of Employer Occupation  
FLINT HILLS RESOURCES LP DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.5151

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
Carol Crego

Mailing Address 1304 Bradshaw Ave

City State Zip Code  
Columbia MO 65203-0853

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
RETIRED RETIRED TEACHER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.45

Amount of Each Receipt this Period

50.00

EARMARKED FOR MICHELE BACHMANN

**C.**

Full Name (Last, First, Middle Initial)  
MS. MARY D. CROWTHER

Mailing Address 8431 BRIAR LANE

City State Zip Code  
PRAIRIE VILLAGE KS 66207-1746

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

Name of Employer Occupation  
REECE AND NICHOLS REALTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11.6117

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. MARK DAVIS

Mailing Address P.O. BOX 558

City State Zip Code  
ST. PETER MN 56082-0558

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

Name of Employer CAMBRIA Occupation CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
06 / 18 / 2010

**Transaction ID: SA11.7848**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. MARY DAVIS

Mailing Address P.O. BOX 558

City State Zip Code  
ST. PETER MN 56082-0558

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
06 / 18 / 2010

**Transaction ID: SA11.7848B**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. THERESA A. DAVIS

Mailing Address 1325 MOUNT CURVE AVENUE

City State Zip Code  
MINNEAPOLIS MN 55403-1009

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
06 / 01 / 2010

**Transaction ID: SA11.7059**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. EDWARD N. DAYTON	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 686 W. FERNDAL	<b>Transaction ID:</b> SA11.7468
	City State Zip Code WAYZATA MN 55391-9628	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	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 ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. PAUL DECLEVA	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 350 N. ST. PAUL STREET SUITE 1625	<b>Transaction ID:</b> SA11.7635
	City State Zip Code DALLAS TX 75201-4259	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SELF-EMPLOYED SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. THEODORE DEIKEL	Date of Receipt MM / DD / YYYY 05 / 26 / 2010
	Mailing Address 1001 CALIFORNIA STREET	<b>Transaction ID:</b> SA11.7021
	City State Zip Code SAN FRANCISCO CA 94108-2203	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	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 ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JAMES J. DEMAY

Mailing Address 5 IRONWOOD LANE

City State Zip Code  
NORTH OAKS MN 55127-2606

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

Name of Employer DEMAY & ASSOCIATES      Occupation CONSULTANT

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

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

**Transaction ID:** SA11.7053

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Eddie Dhabolt

Mailing Address 709 Spanish Trail Dr.

City State Zip Code  
Grand Junction CO 81505-9754

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS      Occupation DESIGN MANAGER

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      10.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

**Transaction ID:** SA11COND.28

Amount of Each Receipt this Period  
10.00

EARMARKED FOR MICHELE BACHMANN

**C.** Full Name (Last, First, Middle Initial)  
RIZVAN DHALLA

Mailing Address 20 W. 77TH STREET APARTMENT 10A

City State Zip Code  
NEW YORK NY 10024-5127

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

Name of Employer MORGAN STANLEY      Occupation INVESTMENT BANKER

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

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

**Transaction ID:** SA11.7975

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **760.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. MARK A. DOEPKE

Mailing Address 265 HOLLANDER ROAD

City State Zip Code  
WAYZATA MN 55391-9537

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

Name of Employer Occupation  
ACTUARIAL ADVISORS, INC. ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5662

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. RONALD J. DOLAN

Mailing Address 10230 CARRIAGE TRAIL

City State Zip Code  
CINCINNATI OH 45242-4535

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

Name of Employer Occupation  
OHIO NATIONAL FINANCIAL SERVICE VICE CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11.7044

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. TERRANCE ROBERT DOLAN

Mailing Address 7012 MARK TERRACE DRIVE

City State Zip Code  
EDINA MN 55439-1626

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

Name of Employer Occupation  
U.S. BANCORP BANKING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

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

Transaction ID: SA11.5914

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. TERRANCE ROBERT DOLAN	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 7012 MARK TERRACE DRIVE	<b>Transaction ID:</b> SA11.7028
	City State Zip Code EDINA MN 55439-1626	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer U.S. BANCORP	Occupation BANKING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Dolski	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2303 Pleasant Ave.	<b>Transaction ID:</b> SA11COND.26
	City State Zip Code Minneapolis MN 55404-3244	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b> H6MN06074	<b>EARMARKED FOR MICHELE BACHMANN</b>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation LABORER/WELDOR/MONTESSORI TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Domaille	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3690 Pine Tree Ct NE	<b>Transaction ID:</b> SA11COND.48
	City State Zip Code Rochester MN 55906-2025	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b> H0HI01157	<b>EARMARKED FOR DJOU CHARLES</b>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. DIANE DONNINO	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 12715 31ST AVENUE N.	<b>Transaction ID:</b> SA11.8530
	City State Zip Code PLYMOUTH MN 55441-2871	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. CRAIG DOWNING	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address P.O. BOX 489	<b>Transaction ID:</b> SA11.8240
	City State Zip Code BEAVER OK 73932-0489	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SELF RETAIL GROCER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. CATHERINE P. DUDLEY	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 2792 BOULDER LANE	<b>Transaction ID:</b> SA11.7032
	City State Zip Code BURNSVILLE MN 55337-5002	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation U.S. BANK HUMAN RESOURCES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 32 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. DANIEL J. DURDA  
 Mailing Address 5770 HARDCRABBLE CIRCLE  
 City MOUND State MN Zip Code 55364-9007  
 Date of Receipt 05 / 13 / 2010  
 Transaction ID: SA11.6329  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AERATION INDUSTRIES INC Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

**B.** Full Name (Last, First, Middle Initial)  
MR. DANIEL J. DURDA  
 Mailing Address 5770 HARDCRABBLE CIRCLE  
 City MOUND State MN Zip Code 55364-9007  
 Date of Receipt 06 / 18 / 2010  
 Transaction ID: SA11.7850  
 Amount of Each Receipt this Period 2000.00  
 CONTRIBUTION  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AERATION INDUSTRIES INC Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

**C.** Full Name (Last, First, Middle Initial)  
MR. ANDREW EARLS  
 Mailing Address 225 E. 63RD STREET #66  
 City NEW YORK State NY Zip Code 10065-7433  
 Date of Receipt 06 / 22 / 2010  
 Transaction ID: SA11.7980  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION  
 FEC ID number of contributing federal political committee. C  
 Name of Employer MORGAN STANLEY Occupation INVESTMENT BANKER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 322  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL A. ECK

Mailing Address 6 INDIAN HILL ROAD

City RYE State NY Zip Code 10580-3510

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

Name of Employer MORGAN STANLEY Occupation INVESTMENT BANKING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 22 / 2010  
Transaction ID: SA11.7994  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. JAY EDELSON

Mailing Address INFO REQUESTED

City INFO REQUESTED State XX Zip Code 99999

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 23 / 2010  
Transaction ID: SA11.5697  
Amount of Each Receipt this Period 2500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. JOHN EDSON

Mailing Address 4835 FORESTVIEW LANE N.

City PLYMOUTH State MN Zip Code 55442-2183

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

Name of Employer BLANKSI PETER KRONLAGE ZO-CH, PA Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2010  
Transaction ID: SA11.5913  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOHN A. EDWARDSON

Mailing Address 301 SHERIDAN ROAD

City State Zip Code  
WINNETKA IL 60093-4227

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

Name of Employer Occupation  
C.D.W. CORPORATION C.E.O.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5695

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
Weston Edwards

Mailing Address 27972 655th Ave

City State Zip Code  
Litchfield MN 55355-5321

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.19

Amount of Each Receipt this Period

25.00

EARMARKED FOR MICHELE BACHMANN

**C.**

Full Name (Last, First, Middle Initial)  
MR. JONATHAN F. EISELE

Mailing Address 4627 BROWDALE AVENUE

City State Zip Code  
EDINA MN 55424-1144

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

Name of Employer Occupation  
DELOITTE AND TOUCHE CPA

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

Date of Receipt

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

Transaction ID: SA11.7060

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

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

3025.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. MITCHELL T. ENGEL

Mailing Address 525 CIRCLE LANE

City State Zip Code  
LAKE FOREST IL 60045-3334

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 ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5689

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. LOWELL O. ENGLERT

Mailing Address 9293 STRAWBERRY LAKE ROAD

City State Zip Code  
PEQUOT LAKES MN 56472-3674

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  
0 4 / 1 4 / 2 0 1 0

Transaction ID: SA11.5307

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. LOWELL O. ENGLERT

Mailing Address 9293 STRAWBERRY LAKE ROAD

City State Zip Code  
PEQUOT LAKES MN 56472-3674

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  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11.6305

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1650.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. ARTHUR T. ERICKSON

Mailing Address 4567 AMERICAN BLVD. W.

City State Zip Code  
MINNEAPOLIS MN 55437-1123

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

Name of Employer Occupation  
HOLIDAY COMPANIES BOARD OF DIRECTORS

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

Date of Receipt

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

Transaction ID: SA11.5132

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. BRIAN A. ERICKSON

Mailing Address 4567 AMERICAN BLVD. W.

City State Zip Code  
MINNEAPOLIS MN 55437-1123

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

Name of Employer Occupation  
HOLIDAY COMPANIES BOARD OF DIRECTORS

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

Date of Receipt

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

Transaction ID: SA11.5141

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. CAROLYN ERICKSON

Mailing Address 1120 MOUNT CURVE AVENUE

City State Zip Code  
MINNEAPOLIS MN 55403-1127

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11.5138

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

5000.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. DAVID S. ERICKSON

Mailing Address 5123 LAKE RIDGE ROAD

City State Zip Code  
EDINA MN 55436-1234

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

Name of Employer Occupation  
STUDENT STUDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** SA11.5131

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. KRISTINE S. ERICKSON

Mailing Address 5123 LAKE RIDGE ROAD

City State Zip Code  
EDINA MN 55436-1234

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** SA11.5121

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL D. ERICKSON

Mailing Address 4567 AMERICAN BLVD. W.

City State Zip Code  
MINNEAPOLIS MN 55437-1123

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

Name of Employer Occupation  
HOLIDAY COMPANIES BOARD OF DIRECTORS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** SA11.5126

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 322

(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. NEAL D. ERICKSON

Mailing Address 4567 AMERICAN BLVD. W.

City State Zip Code  
MINNEAPOLIS MN 55437-1123

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

Name of Employer Occupation  
HOLIDAY COMPANIES BOARD OF DIRECTORS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: SA11.5127

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. KENNETH L. EVENSTAD

Mailing Address 6701 EVENSTAD DRIVE

City State Zip Code  
MAPLE GROVE MN 55369-6026

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

Name of Employer Occupation  
SMITH LABORATORIES CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

Transaction ID: SA11.5666

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

SEE REATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. GRACE EVENSTAD

Mailing Address 6701 EVENSTAD DRIVE

City State Zip Code  
MAPLE GROVE MN 55369-6026

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 ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2010

Transaction ID: SA11.7843

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

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

12000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. KENNETH L. EVENSTAD

Mailing Address 6701 EVENSTAD DRIVE

City State Zip Code  
MAPLE GROVE MN 55369-6026

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

Name of Employer Occupation  
SMITH LABORATORIES CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2010

Transaction ID: SA11.5666B

Amount of Each Receipt this Period  
-5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT EZRILOV

Mailing Address 11706 FOXHALL ROAD

City State Zip Code  
MINNETONKA MN 55305-2843

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: SA11.5130

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ANTHONY FABRIZIO

Mailing Address 915 KING STREET

City State Zip Code  
ALEXANDRIA VA 22314-3089

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

Name of Employer Occupation  
FABRIZIO, MCLAUGHLIN AND ASSOCIATES, I EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2010

Transaction ID: SA11.7481

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 40 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. ROBERT W. FAYFIELD

Mailing Address P.O. BOX 34

City State Zip Code  
MINNEAPOLIS MN 55440-0034

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

Name of Employer Occupation  
BANNER ENGINEERING CORPORATION C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 07 / 2010

**Transaction ID:** SA11.7471

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. KURTIS FECHTMEYER

Mailing Address 5132 PROCTOR AVENUE

City State Zip Code  
OAKLAND CA 94618-2712

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

Name of Employer Occupation  
SILVERFERN GROUP INVESTMENT BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 11 / 2010

**Transaction ID:** SA11.7491

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. KATHY S. FERGUSON

Mailing Address 551 GREENWAY DRIVE

City State Zip Code  
LAKE FOREST IL 60045-4800

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 23 / 2010

**Transaction ID:** SA11.5729

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 322  
(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
							17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. TODD J. FERRARA

Mailing Address 3825 UPTON AVENUE S.

City State Zip Code  
MINNEAPOLIS MN 55410-1240

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

Name of Employer Occupation  
STANDARD HEATING VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

Transaction ID: SA11.8200

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL W. FERRO, JR.

Mailing Address 233 N. MICHIGAN AVENUE #2330

City State Zip Code  
CHICAGO IL 60601-5946

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

Name of Employer Occupation  
MERRICK VENTURES C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

Transaction ID: SA11.6109

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JEFFREY E. FETTERS

Mailing Address 1185 RIDGE ROAD

City State Zip Code  
OWATONNA MN 55060-1921

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

Name of Employer Occupation  
FEDERATED INSURANCE PRESIDENT & C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

Transaction ID: SA11.7545

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10250.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. MARCIA L. FETTERS

Mailing Address 1185 RIDGE ROAD

City State Zip Code  
OWATONNA MN 55060-1921

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 ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

**Transaction ID:** SA11.7544

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Barbara Fields

Mailing Address 6116 Curtis Rd

City State Zip Code  
Pace FL 32571-9794

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS REALTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** SA11COND.36

Amount of Each Receipt this Period  
100.00

EARMARKED FOR MICHELE BACHMANN

**C.** Full Name (Last, First, Middle Initial)  
MR. LARRY D. FINDER

Mailing Address 4919 WILLIAMS COURT LANE

City State Zip Code  
HOUSTON TX 77081-2103

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

Name of Employer Occupation  
HAYNES & BOONE LLP ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2010

**Transaction ID:** SA11.7653

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. D. CAMERON FINDLAY

Mailing Address 656 SHERIDAN ROAD

City State Zip Code  
WINNETKA IL 60093-2322

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

Name of Employer Occupation  
MEDTRONIC, INC. LAWYER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5647

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. DAVID L. FISHMAN

Mailing Address 2373 FILBERT STREET

City State Zip Code  
SAN FRANCISCO CA 94123-3313

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

Name of Employer Occupation  
VECTOR CAPITAL INVESTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11.8006

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS M. FITZPATRICK

Mailing Address 5514 S. HARPER AVENUE

City State Zip Code  
CHICAGO IL 60637-1830

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

Name of Employer Occupation  
FITZPATRICK LAW OFFICES LAWYER

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5643

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

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

4500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) PHP JAMES D. FORBES	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 50 EAST 72ND STREET	<b>Transaction ID:</b> SA11.8214
	City State Zip Code NEW YORK NY 10021-4246	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer BANK OF AMERICA MERRILL LYNCH	Occupation INVESTMENT BANKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. HARRY ANDREW FRANKMAN	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 220 SOUTH 6TH STREET 200 U.S. BANK PLAZA	<b>Transaction ID:</b> SA11.7849
	City State Zip Code MINNEAPOLIS MN 55402-4502	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer FRANKMAN LAW	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tracy Fredrickson	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1306 Central Ave	<b>Transaction ID:</b> SA11COND.27
	City State Zip Code Faribault MN 55021-3006	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b> H6MN06074	<b>EARMARKED FOR MICHELE BACHMANN</b>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation FOOD SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2760.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. CHARLES FREEMAN

Mailing Address INFO REQUESTED

City INFO REQUESTED State XX Zip Code 99999

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11.7993

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
DR. ALAN FREINT

Mailing Address 238 MAPLE HILL ROAD

City GLENCOE State IL Zip Code 60022-1219

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

Name of Employer NORTH SHORE EAR, NOSE & THROAT  
Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5644

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. GEORGE FREY

Mailing Address 7425 PELICAN BAY BLVD.

City NAPLES State FL Zip Code 34108-7599

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 / 0 7 / 2 0 1 0

Transaction ID: SA11.7436

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. KAREN BELDEN FREY

Mailing Address 745 FERNDAL ROAD N.

City State Zip Code  
WAYZATA MN 55391-1010

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 ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

**Transaction ID:** SA11.5654

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL J. FREY

Mailing Address 745 FERNDAL ROAD N.

City State Zip Code  
WAYZATA MN 55391-1010

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
EBF & ASSOCIATES EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

**Transaction ID:** SA11.5655

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM L. FRICK

Mailing Address 400 W. 49TH TERR

City State Zip Code  
KANSAS CITY MO 64112-2407

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
LOCKTON COS. SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11.6561

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 10500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) DR. HOLLIS M. FRITTS		Date of Receipt MM / DD / YYYY 06 / 01 / 2010		
	Mailing Address 6628 SMITHTOWN ROAD		Transaction ID: SA11.7024		
	City EXCELSIOR	State MN	Zip Code 55331-8209	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
	Name of Employer MEDICAL SCANNING CONSULTANTS	Occupation PHYSICIAN	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. JANE FULCHER		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address P.O. BOX 31189		Transaction ID: SA11.6802		
	City SEA ISLAND	State GA	Zip Code 31561-1189	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
	Name of Employer S.F.A.	Occupation EXECUTIVE	Aggregate Year-to-Date 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DOUGLAS FULTON		Date of Receipt MM / DD / YYYY 06 / 07 / 2010		
	Mailing Address 4706 GOLF TERRACE		Transaction ID: SA11.7465		
	City MINNEAPOLIS	State MN	Zip Code 55424-1513	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
	Name of Employer CUSHMAN & WAKEFIELD	Occupation REAL ESTATE	Aggregate Year-to-Date 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. GERALD GALLAGHER

Mailing Address 4912 MERLIANE AVENUE

City State Zip Code  
EDINA MN 55436-1359

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

Name of Employer Occupation  
OAK INVESTMENT PARTNERS VENTURE CAPITAL

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 / 3 0 / 2 0 1 0

Transaction ID: SA11.8460

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. R. WILLIAM GARDNER

Mailing Address 5603 BALLINARD LANE

City State Zip Code  
CHARLOTTE NC 28277-2548

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  
0 6 / 0 1 / 2 0 1 0

Transaction ID: SA11.7220

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. JENNIFER S. GATES

Mailing Address 4914 KEYHOLE LANE

City State Zip Code  
DALLAS TX 75229-4341

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

Name of Employer Occupation  
JONES LARGE LA SALLE REAL ESTATE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11.7636

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1500.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOSEPH GERACI

Mailing Address 2590 KELLER ROAD

City State Zip Code  
LONG LAKE MN 55356-4522

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

Name of Employer Occupation  
MILL CITY ADVISORS L.L.C. INVESTMENT MANAGEMENT

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 4 / 2 2 / 2 0 1 0

Transaction ID: SA11.5406

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL J. GEREND

Mailing Address 295 WOODLAWN AVENUE

City State Zip Code  
SAINT PAUL MN 55105-1238

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5700

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHN GIBBS

Mailing Address 9533 VIRGINIA AV S

City State Zip Code  
BLOOMINGTON MN 55438-2903

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

Name of Employer Occupation  
COMCAST CORPORATION VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: SA11.5741

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

REFUNDED \$1,000.00 ON 04/-30/2010

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 322
	(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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. THERESA K. GIBBS	Date of Receipt MM / DD / YYYY 04 / 21 / 2010
	Mailing Address 9533 VIRGINIA AV S	<b>Transaction ID:</b> SA11.5392
	City State Zip Code BLOOMINGTON MN 55438-2903	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DAVID W. GIBSON	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 3505 W. 64TH STREET	<b>Transaction ID:</b> SA11.6560
	City State Zip Code MISSION HILLS KS 66208-1707	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS COMMODITY TRADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ALEXANDER GLANTZ	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 10 E. 85TH STREET	<b>Transaction ID:</b> SA11.7982
	City State Zip Code NEW YORK NY 10028-0412	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation MORGAN STANLEY FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. LUELLA G. GOLDBERG

Mailing Address 7019 TUPA DRIVE

City State Zip Code  
MINNEAPOLIS MN 55439-1643

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

Name of Employer Occupation  
SELF-EMPLOYED DIRECTOR OF CORPORATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 01 / 2010  
Transaction ID: SA11.7034  
Amount of Each Receipt this Period: 500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID RICHARD GOLOB

Mailing Address 513A SIMONDS LOOP

City State Zip Code  
SAN FRANCISCO CA 94129-1448

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

Name of Employer Occupation  
F.P. INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 23 / 2010  
Transaction ID: SA11.8003  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
Louann Gooddens

Mailing Address 2100 Wentworth Ave

City State Zip Code  
South St Paul MN 55075-1517

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: SA11COND.29  
Amount of Each Receipt this Period: 25.00  
EARMARKED FOR MICHELE BACHMANN

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1525.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 322
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAMES GOODLAND	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 3340 ANNAPOLIS LANE SUITE B.	<b>Transaction ID:</b> SA11.7384
	City State Zip Code PLYMOUTH MN 55447-5373	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SECURUS WEALTH MANAGEMENT INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. UNA GORMAN	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 2607 MERRIHILLS DRIVE S.W.	<b>Transaction ID:</b> SA11.6752
	City State Zip Code ROCHESTER MN 55902-1168	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation EDINA REALTY REALTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL F. GOULD	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 992 MEDINA ROAD	<b>Transaction ID:</b> SA11.7344
	City State Zip Code WAYZATA MN 55391-9677	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SILVERCREST PROPERTIES DEVELOPER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. COLLEEN J. GRANT	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 1245 COUNTY ROAD 6	<b>Transaction ID:</b> SA11.7058
	City State Zip Code LONG LAKE MN 55356-9513	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	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	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. LLOYD GREEN	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 230 PARK AVENUE	<b>Transaction ID:</b> SA11.7972
	City State Zip Code NEW YORK NY 10169-0005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation OTTERBAUG STEINDLER LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Greenheck	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3655 Birch Pond Road	<b>Transaction ID:</b> SA11COND.15
	City State Zip Code Eagan MN 55122-1205	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b> H6MN06074	<b>EARMARKED FOR MICHELE BACHMANN</b>
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Greenheck	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3655 Birch Pond Road	<b>Transaction ID:</b> SA11COND.47
	City State Zip Code Eagan MN 55122-1205	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b> H8MN01220	<b>EARMARKED FOR RANDY DEMMER</b>
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. W. GRANT GREGORY, JR.	Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 35 STAGE LANE	<b>Transaction ID:</b> SA11.7630
	City State Zip Code GREENWICH CT 06831-3137	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer GREGORY HONEMEYER Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) PHP KELLY L. GRIFFIN	Date of Receipt MM / DD / YYYY 06 / 28 / 2010
	Mailing Address 2479 WHITFIELD DRIVE	<b>Transaction ID:</b> SA11.8188
	City State Zip Code MENDOTA HEIGHTS MN 55120-1717	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer MCCARTHY-DUCE SALES Occupation SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL GRIMES		Date of Receipt
	Mailing Address 2725 SAND HILL ROAD		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	MENLO PARK	CA	94025-7053
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MORGAN STANLEY		Occupation BANKER	Transaction ID: SA11.7277
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>	<input type="text" value="2000.00"/>
CONTRIBUTION			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ELI GROSS		Date of Receipt
	Mailing Address 10 FARMSTEAD LANE		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	BROOKVILLE	NY	11545-2602
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MORGAN STANLEY		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.7977
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
CONTRIBUTION			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ANDERS GUSTAFSSON		Date of Receipt
	Mailing Address 333 CORPORATE WOODS PKWY.		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	VERNON HILLS	IL	60061-3109
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ZEBRA TECHNOLOGIES		Occupation C.E.O.	Transaction ID: SA11.5648
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>
CONTRIBUTION			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 56 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JAMES E. HAGLUND

Mailing Address 4330 BASSETT CREEK DRIVE

City State Zip Code  
GOLDEN VALLEY MN 55422-3611

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

Name of Employer: CENTRAL CONTAINER CORPORATION  
Occupation: C.E.O.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt: 04 / 23 / 2010  
Transaction ID: SA11.5649  
Amount of Each Receipt this Period: 5000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. KATHLEEN M. HAGLUND

Mailing Address 4330 BASSETT CREEK DRIVE

City State Zip Code  
GOLDEN VALLEY MN 55422-3611

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

Name of Employer: HOMEMAKER  
Occupation: HOMEMAKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt: 05 / 13 / 2010  
Transaction ID: SA11.6114  
Amount of Each Receipt this Period: 5000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
Brian Haley

Mailing Address 1868 Columbia Rd.

City State Zip Code  
Washington DC 20009-5183

FEC ID number of contributing federal political committee. **C** S00H00133

Name of Employer: FREEDOM FIRST PAC  
Occupation: FINANCE DIRECTOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: SA11COND.61  
Amount of Each Receipt this Period: 1.00  
EARMARKED FOR ROB PORTMAN

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10001.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. HARRY HAMMERLY

Mailing Address 4501 GULF SHORE BLVD. N.  
APARTMENT 1404

City State Zip Code  
NAPLES FL 34103-2764

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

Transaction ID: SA11.8202

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. TIMOTHY HANRATTY

Mailing Address 4625 S. LAKE SARAH DRIVE

City State Zip Code  
INDEPENDENCE MN 55359-9783

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

Name of Employer Occupation  
HANRATTY & ASSOCIATES PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

Transaction ID: SA11.6552

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. KYLE MICHAEL HANSEN

Mailing Address 1200 SYLVANDALE ROAD

City State Zip Code  
MENDOTA HEIGHTS MN 55118-1716

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

Name of Employer Occupation  
U.S. BANK BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

Transaction ID: SA11.7047

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. PETER L. HARRIS

Mailing Address 50 S. 6TH STREET  
SUITE 1500

City State Zip Code  
MINNEAPOLIS MN 55402-1498

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

Name of Employer Occupation  
DORSEY & WHITNEY LLP ATTORNEY

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 14 / 2010

Transaction ID: SA11.7554

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. RICHARD HARTNACK

Mailing Address 150 2ND STREET NE #507

City State Zip Code  
MINNEAPOLIS MN 55413-2739

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

Name of Employer Occupation  
U.S. BANK BANKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2010

Transaction ID: SA11.7069

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
DR. ROBERT HASELOW

Mailing Address 6408 INTERLACHEN BLVD.

City State Zip Code  
EDNA MN 55436-1002

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

Name of Employer Occupation  
MINNEAPOLIS RADIATION ONCOLOGY PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 14 / 2010

Transaction ID: SA11.7548

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

SEE REATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. JUSTINE HASELOW

Mailing Address 6408 INTERLACHEN BLVD.

City State Zip Code  
EDINA MN 55436-1002

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 13 / 2010

Transaction ID: SA11.7549

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.**

Full Name (Last, First, Middle Initial)  
DR. ROBERT HASELOW

Mailing Address 6408 INTERLACHEN BLVD.

City State Zip Code  
EDNA MN 55436-1002

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

Name of Employer Occupation  
MINNEAPOLIS RADIATION ONCOLOGY PHYSICIAN

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 13 / 2010

Transaction ID: SA11.7548B

Amount of Each Receipt this Period

-5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.**

Full Name (Last, First, Middle Initial)  
MR. MIKE HASSLINGER

Mailing Address 709 HAVENHILL ROAD

City State Zip Code  
EAGAN MN 55123

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

Name of Employer Occupation  
CRAIG-HALLUM SALES

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 217.70

Date of Receipt

M M / D D / Y Y Y Y  
06 / 01 / 2010

Transaction ID: SA11.8738

Amount of Each Receipt this Period

217.70

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

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

217.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. WILLIAM A. HAWKINS		Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 2750 WOOLSEY LANE		Transaction ID: SA11.7026
	City WAYZATA	State MN	Zip Code 55391-2751
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
	Name of Employer MEDTRONIC		Occupation CHAIRMAN & C.E.O.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) Mack Hayes		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 16307 Mill Point Dr.		Transaction ID: SA11COND.42
	City Houston	State TX	Zip Code 77059-5316
	FEC ID number of contributing federal political committee. C H6MN06074		Amount of Each Receipt this Period 10.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation MUSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10.00	EARMARKED FOR MICHELE BACHMANN

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. SUSAN L. HEALY		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 2009 ADAMS STREET		Transaction ID: SA11.7981
	City MADISON	State WI	Zip Code 53711-2147
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation FINANCE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7510.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 61 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL B. HENSON

Mailing Address 2900 THOMAS AVENUE S.  
APARTMENT 2016

City State Zip Code  
MINNEAPOLIS MN 55416-4479

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

Name of Employer Occupation  
MINNESOTA ORCHARD C.E.O. & PRESIDENT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 07 / 2010

Transaction ID: SA11.7476

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. WARREN HERREID, II

Mailing Address 4305 TRILLIUM WAY

City State Zip Code  
MINNETRISTA MN 55364-7708

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

Name of Employer Occupation  
KAHR & ASSOCIATES CONSULTANT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 13 / 2010

Transaction ID: SA11.6116

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. ROGER HERTO G

Mailing Address 745 FIFTH AVE., SUITE 1400

City State Zip Code  
NEW YORK NY 10151-1402

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

Name of Employer Occupation  
THR HERTO G FOUNDATION PRESIDENT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2010

Transaction ID: SA11.7985

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. AL G. HILL, JR.	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 1601 ELM STREET SUITE 5000	<b>Transaction ID:</b> SA11.7643
	City State Zip Code DALLAS TX 75201-4738	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation A.G. HILL PARTNERS INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. LYDA HILL	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 1601 ELM STREET SUITE 5000	<b>Transaction ID:</b> SA11.7644
	City State Zip Code DALLAS TX 75201-4738	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SELF-EMPLOYED ENTREPRENEUR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Hintermeyer	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3035 Rosewood Lane	<b>Transaction ID:</b> SA11COND.43
	City State Zip Code Plymouth MN 55441-2741	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b> H6MN06074	<b>EARMARKED FOR MICHELE BACHMANN</b>
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6025.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM A. HODDER

Mailing Address 11 CIRCLE W.

City State Zip Code  
EDINA MN 55436-1312

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 ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11.8258

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. EDWIN H. HODGE

Mailing Address 111 OXFORD ROAD

City State Zip Code  
KENILWORTH IL 60043-1206

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

Name of Employer Occupation  
MORGAN STANLEY SALES/MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** SA11.5730

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. JOSEPH C. HOESLEY

Mailing Address 475 FERNDAL ROAD N.

City State Zip Code  
WAYZATA MN 55391-1007

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

Name of Employer Occupation  
US BANK REAL ESTATE FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

**Transaction ID:** SA11.7057

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. SCOTT HONOUR		Date of Receipt
	Mailing Address 1725 BOHNS POINT ROAD		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WAYZATA	MN	55391-9311
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer THE GORES GROUP		Occupation INVESTMENT BANKER	Transaction ID: SA11.7390
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
CONTRIBUTION			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. BRIAN HOOKS		Date of Receipt
	Mailing Address 6311 SUMMIT CIRCLE		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	CHANHASSEN	MN	55317-9139
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HOLIDAY COMPANIES		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.5133
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
CONTRIBUTION			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. GARY T. HUFFMAN		Date of Receipt
	Mailing Address 187 CONGRESS RUN ROAD		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	CINCINNATI	OH	45215-5001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer OHIO NATIONAL FINANCIAL SERVICES		Occupation VICE CHAIRMAN	Transaction ID: SA11.7039
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
CONTRIBUTION			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. CAROLINE R. HUNT		Date of Receipt
	Mailing Address 2101 CEDAR SPRING ROAD SUITE 1600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 16 / 2010
	City	State	Zip Code
	DALLAS	TX	75201-2148
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.7645
Name of Employer ROSEWOOD HOTELS		Occupation INVESTMENTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. CLARK K. HUNT		Date of Receipt
	Mailing Address 3920 EUCLID AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 16 / 2010
	City	State	Zip Code
	DALLAS	TX	75205-3104
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.7638
Name of Employer HW PARTNERS		Occupation INVESTMENT ADVISOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
			CONTRIBUTION

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen Hurst		Date of Receipt
	Mailing Address 7233 South Niagara Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 10 / 2010
	City	State	Zip Code
	Centennial	CO	80112-1570
	FEC ID number of contributing federal political committee. <b>C</b> HOPA12090		Transaction ID: SA11COND.63
Name of Employer HOMEMAKER		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
			EARMARKED FOR TIMOTHY BURNS

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3030.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Kim Liff

Mailing Address 1731 Valley Ridge Trail South

City State Zip Code  
Chanhassen MN 55317-8414

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
ACCOUNTANT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.35

Amount of Each Receipt this Period

10.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
MR. J. DAVID JACKSON

Mailing Address 5310 RIVER BLUFF CIRCLE

City State Zip Code  
BLOOMINGTON MN 55437-3632

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

Name of Employer  
DORSEY & WHITNEY LLP

Occupation  
ATTORNEY

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5660

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ELLIOT JAFFEE

Mailing Address 2900 THOMAS AVENUE S. #2009

City State Zip Code  
MINNEAPOLIS MN 55416-4584

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

Name of Employer  
U.S. BANK

Occupation  
BANKER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: SA11.7066

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

2010.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. JUDITH L. JAFFEE

Mailing Address 2900 THOMAS AVENUE S. #2009

City State Zip Code  
MINNEAPOLIS MN 55416-4584

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2010

**Transaction ID:** SA11.7070

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. THOMAS L. JAMES

Mailing Address 762 MUSEUM DRIVE

City State Zip Code  
CHARLOTTE NC 28207-2338

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

Name of Employer Occupation  
WACHOVIA BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2010

**Transaction ID:** SA11.7052

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. CHRISTINE S. JENSEN

Mailing Address 15810 NURSERY DRIVE

City State Zip Code  
MINNETONKA MN 55345-4552

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

Name of Employer Occupation  
LIND JENSEN SULLIVAN LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 23 / 2010

**Transaction ID:** SA11.5678

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. GREGG JOHNSON

Mailing Address 440 DOVE STREET

City State Zip Code  
MINNESOTA LK MN 56068-3122

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 01 / 2010

Transaction ID: SA11.8712

Amount of Each Receipt this Period

-250.00

CONTRIBUTION

CHARGED BACK

**B.**

Full Name (Last, First, Middle Initial)  
MR. TED JAMES JOHNSON

Mailing Address 615 HERMITAGE CIRCLE

City State Zip Code  
PALM BEACH GARDENS FL 33410-1612

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

Name of Employer RETIRED IN 2001

Receipt For:  
 Primary  General  
 Other (specify) ▼

Occupation

RETIRED IN 2001

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 11 / 2010

Transaction ID: SA11.6072

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. DOUGLAS C. JONES

Mailing Address P.O. BOX 26

City State Zip Code  
NERSTRAND MN 55053-0026

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

Name of Employer RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 24 / 2010

Transaction ID: SA11.6990

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 322  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JAMES H. JORDAN

Mailing Address P.O. BOX 44580

City State Zip Code  
EDEN PRAIRIE MN 55344-1580

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

Name of Employer Occupation  
SELF-EMPLOYED SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

Transaction ID: SA11.7042

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. MARK J. KALLA

Mailing Address 8420 HIDDEN PONDS WAY

City State Zip Code  
WOODBURY MN 55125-5001

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

Name of Employer Occupation  
DORSEY & WHITNEY ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

Transaction ID: SA11.7037

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. EILEEN A. KAMERICK

Mailing Address 2627 N. GREENVIEW AVENUE

City State Zip Code  
CHICAGO IL 60614-1115

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

Name of Employer Occupation  
TECTA AMERICA CORPORATION FINANCIAL & LEGAL EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

Transaction ID: SA11.5645

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. BRIAN L. KASAL

Mailing Address 1845 N. CLEVELAND

City State Zip Code  
CHICAGO IL 60614-5205

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

Name of Employer Occupation  
WILLIAM BLAIR & CO. PORTFOLIO OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

Transaction ID: SA11.5691

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL NORMAN KELLER

Mailing Address 1745 DENMARK PLACE NE

City State Zip Code  
OWATONNA MN 55060-2080

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

Name of Employer Occupation  
FEDERATED INSURANCE INSURANCE EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2010

Transaction ID: SA11.7847

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. MARTIN KELLOGG

Mailing Address 339 MT. CURVE BLVD.

City State Zip Code  
ST. PAUL MN 55105-1217

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2010

Transaction ID: SA11.5144

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD C. KELLY

Mailing Address 212 N. 1ST STREET  
APARTMENT 411

City State Zip Code  
MINNEAPOLIS MN 55401-1558

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

Name of Employer Occupation  
XCEL ENERGY CHAIRMAN, CEO, AND PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

Transaction ID: SA11.7056

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. DAVID KENNEDY

Mailing Address 3930 WASHINGTON STREET

City State Zip Code  
SAN FRANCISCO CA 94118-1614

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

Name of Employer Occupation  
SERENT CAPITAL INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2010

Transaction ID: SA11.7377

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. STEVEN C. KENNEDY

Mailing Address 3435 LEAWOOD DRIVE

City State Zip Code  
MEDINA MN 55340-9336

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

Name of Employer Occupation  
FAEGRE & BENSON ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

Transaction ID: SA11.7068

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 322  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOSEPH D. KENYON

Mailing Address 10218 S. SHORE DRIVE

City State Zip Code  
MINNEAPOLIS MN 55441-5015

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

Name of Employer Occupation  
SCHECHLER DOKKEN KANTER CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5661

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT A. KIERLIN

Mailing Address P.O. BOX 302

City State Zip Code  
WINONA MN 55987-0302

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

Name of Employer Occupation  
FASTENAL COMPANY BOARD CHAIR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11.8133

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT A. KINDLER

Mailing Address 44 DOGWOOD LANE

City State Zip Code  
RYE NY 10580-1703

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

Name of Employer Occupation  
MORGAN STANLEY VICE-CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11.7629

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. RUSSELL S. KING	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 3 RED FOREST HEIGHTS	Transaction ID: SA11.6881
	City NORTH OAKS State MN Zip Code 55127-6353	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer KING CAPITAL CORPORATION Occupation INVESTMENT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. CHARLES L. KLINEFELTER	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 4609 CEDAR ISLAND DRIVE	Transaction ID: SA11.7341
	City EVELETH State MN Zip Code 55734-4036	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. CHARLES L. KLINEFELTER	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 4609 CEDAR ISLAND DRIVE	Transaction ID: SA11.8399
	City EVELETH State MN Zip Code 55734-4036	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 74 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JACK D. KNOX

Mailing Address 4225 ARMSTRONG PARKWAY

City State Zip Code  
DALLAS TX 75205-3715

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

Name of Employer Occupation  
SELF-EMPLOYED INVESTOR

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11.7646

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROSS E. KRAMER

Mailing Address 3750 BLACKHAWK ROAD

City State Zip Code  
EAGAN MN 55122-1120

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

Name of Employer Occupation  
MESSERLI & KRAMER ATTORNEY

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11.7048

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. WILFRED W. KRECH

Mailing Address 9574 INVER GROVE TRAIL

City State Zip Code  
INVER GROVE HEIGHT MN 55076-3816

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

Name of Employer Occupation  
SELF-EMPLOYED ELECTRICIAN

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11.6748

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

3250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gary Lacey

Mailing Address 5341 Landis Ave.

City State Zip Code  
Port Orange FL 32127-5594

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer NONE Occupation NONE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11COND.8

Amount of Each Receipt this Period  
10.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
MR. CORY LAGERSTROM

Mailing Address 6630 RAINBOW

City State Zip Code  
MISSION HILLS KS 66208

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

Name of Employer ASPEN WEALTH MANAGMENT Occupation PRINCIPAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.73

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

**Transaction ID:** SA11.8745

Amount of Each Receipt this Period  
351.73

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**C.**

Full Name (Last, First, Middle Initial)  
MRS. JULIANNE LAGERSTROM

Mailing Address 6630 RAINBOW

City State Zip Code  
MISSION HILLS KS 66208

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.73

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

**Transaction ID:** SA11.8746

Amount of Each Receipt this Period  
351.73

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**SUBTOTAL** of Receipts This Page (optional) ..... ► **713.46**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mark Laliberte

Mailing Address 1495 Roselawn Avenue W.

City State Zip Code  
Roseville MN 55113-5826

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
HEALTH EAST MEDICAL RESEARCH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.34

Amount of Each Receipt this Period  
50.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES K. LANGDON, II

Mailing Address 3844 UPTON AVENUE S.

City State Zip Code  
MINNEAPOLIS MN 55410-1239

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

Name of Employer Occupation  
DORSEY & WHITNEY LLP ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11.7054

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JEFFREY T. LARSON

Mailing Address 570 ASBURY STREET #201

City State Zip Code  
ST. PAUL MN 55104-1850

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

Name of Employer Occupation  
F.L.S. CONNECT SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11.7910

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 322  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. PATRICK F. LATTERELL

Mailing Address 98 MAIN STREET #506

City TIBURON State CA Zip Code 94920-2517

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 23 / 2010  
**Transaction ID: SA11.8004**  
 Amount of Each Receipt this Period: 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. ELIOT LAUER

Mailing Address 240 BRIARWOOD CROSSING

City LAWRENCE State NY Zip Code 11559-2721

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

Name of Employer CURTIS, COLT & MOSLE L.L.-P. Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 22 / 2010  
**Transaction ID: SA11.7976**  
 Amount of Each Receipt this Period: 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. MATTHEW M. LAW

Mailing Address 5398 MAPLE RIDGE COURT

City MINNETONKA State MN Zip Code 55343-9485

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

Name of Employer DELOITTE CONSULTING LLP Occupation PRINCIPAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 18 / 2010  
**Transaction ID: SA11.7913**  
 Amount of Each Receipt this Period: 400.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. EDWARD F. LAWTON

Mailing Address 4801 CARRIAGEPARK ROAD

City State Zip Code  
FAIRFAX VA 22032-2359

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  
MM / DD / YYYY  
06 / 07 / 2010

**Transaction ID:** SA11.7430

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 1318 Windsor Place

City State Zip Code  
Jacksonville FL 32205-7961

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS ARTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** SA11COND.14

Amount of Each Receipt this Period  
25.00

EARMARKED FOR MICHELE BACHMANN

**C.** Full Name (Last, First, Middle Initial)  
MRS. CAROL LEE LEVIN

Mailing Address 15 E. 70TH STREET

City State Zip Code  
NEW YORK NY 10021-4907

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

Name of Employer Occupation  
WILTON BRANDS C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2010

**Transaction ID:** SA11.7474

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1125.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. NANCY E. LINDAHL

Mailing Address 3222 ROBINSON BAY ROAD

City State Zip Code  
DEEPHAVEN MN 55391-2615

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

Name of Employer Occupation  
NORWEST EQUITY PARTNERS INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

**Transaction ID:** SA11.7027

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MS. CAITLIN FRANCES LONG

Mailing Address 3 MEADOW WOOD DRIVE

City State Zip Code  
GREENWICH CT 06830-7023

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

Name of Employer Occupation  
MORGAN STANLEY BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2010

**Transaction ID:** SA11.7984

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. THOMAS P. LOWE

Mailing Address 2630 W. LAFAYETTE ROAD

City State Zip Code  
EXCELSIOR MN 55331-9417

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

Name of Employer Occupation  
LYMAN LUMBER COMPANY CORPORATE EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** SA11.5709

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
Joshua Lucas  
Mailing Address 1009 21st Ave N  
City State Zip Code  
Sartell MN 56377  
FEC ID number of contributing federal political committee. **C** H0W107051  
Name of Employer Occupation  
RDR PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00  
Date of Receipt: 05 / 24 / 2010  
Transaction ID: SA11COND.58  
Amount of Each Receipt this Period: 25.00  
EARMARKED FOR SEAN DUFFY

**B.** Full Name (Last, First, Middle Initial)  
MS. HARRIET T. LUDWICK  
Mailing Address 3200 W. CALHOUN PARKWAY  
APARTMENT 803  
City State Zip Code  
MINNEAPOLIS MN 55416-3290  
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 ▼ 1000.00  
Date of Receipt: 06 / 25 / 2010  
Transaction ID: SA11.8128  
Amount of Each Receipt this Period: 500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. MARTIN LUECK  
Mailing Address P.O. BOX 576  
City State Zip Code  
LONG LAKE MN 55356-0576  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
ROBINS KAPLAN MILLER AND CIRESI ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt: 04 / 23 / 2010  
Transaction ID: SA11.5657  
Amount of Each Receipt this Period: 2000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2525.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

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

FOR LINE NUMBER: PAGE 81 / 322  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. STEVEN LUNDBERG

Mailing Address 4517 ARDEN AVE SOUTH

City State Zip Code  
EDINA MN 55424-1116

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

Name of Employer Occupation  
SCHWEGMAN, LUNDBERG & WOE-SSNER, P.A. ATTORNEY

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

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

Transaction ID: SA11.5391

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MS. WHITNEY MACMILLAN

Mailing Address 1050 BEACH ROAD  
APARTMENT 1H

City State Zip Code  
VERO BEACH FL 32963-3413

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 5000.00

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

Transaction ID: SA11.6056

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER W. MADEL

Mailing Address 4725 VINE HILL ROAD

City State Zip Code  
DEEPPHAVEN MN 55331-7002

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

Name of Employer Occupation  
DORSEY & WHITNEY LLP ATTORNEY

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5665

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. ERIC O. MADSON

Mailing Address 16705 22ND AVENUE N.

City State Zip Code  
PLYMOUTH MN 55447-2262

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
ROBINS, KAPLAN, MILLER & CIRESI LAWYER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

**Transaction ID:** SA11.5698

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Jerry Magloughlin

Mailing Address 2818 Pipestone Drive

City State Zip Code  
Fort Collins CO 80526-1142

FEC ID number of contributing federal political committee. C H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS PROFESSOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 100.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11COND.32

Amount of Each Receipt this Period  
100.00

EARMARKED FOR MICHELE BACHMANN

**C.** Full Name (Last, First, Middle Initial)  
MR. PETER A. MAGOWAN

Mailing Address 2100 WASHINGTON STREET

City State Zip Code  
SAN FRANCISCO CA 94109-2845

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

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

**Transaction ID:** SA11.7998

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. BRIAN A. MALLARO

Mailing Address 4045 SHOREWOOD TRAIL

City State Zip Code  
MEDINA MN 55340-9560

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

Name of Employer Occupation  
DELOITTE AND TOUCHE PARTNER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11.7466

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RICK MANCUSO

Mailing Address 990 NORTH SHORE DRIVE

City State Zip Code  
LAKE BLUFF IL 60044-2202

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

Name of Employer Occupation  
LAKE FOREST SPORTSCARS AUTO DEALER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5679

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. SARA A. MANLEY

Mailing Address 9262 ALBRIGHT COURT

City State Zip Code  
INVER GROVE HEIGHT MN 55077-4546

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

Name of Employer Occupation  
FAIR MARKET HOMES OWNER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: SA11.7195

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Mark		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1820 Berkshire Lane North		<b>Transaction ID:</b> SA11COND.38
	City Minneapolis	State MN	Zip Code 55441-3723
	FEC ID number of contributing federal political committee. <b>C</b> H6MN06074		Amount of Each Receipt this Period 1000.00
	Name of Employer RBC TILE AND STONE	Occupation OWNER	EARMARKED FOR MICHELE BACHMANN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL C. MARKOVITZ		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address INFO REQUESTED		<b>Transaction ID:</b> SA11.5693
	City INFO REQUESTED	State XX	Zip Code 99999
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. PAUL A. MAYNARD		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 8924 SPRINGWOOD DRIVE		<b>Transaction ID:</b> SA11.7380
	City WOODBURY	State MN	Zip Code 55125-4903
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
	Name of Employer DELOITTE	Occupation PARTNER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 85 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. JEAN E. MCCLUNG

Mailing Address 50 ESSEX ROAD

City State Zip Code  
WINNETKA IL 60093-4207

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

Name of Employer Occupation  
SELF-EMPLOYED BUSINESS EXECUTIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

**Transaction ID:** SA11.5685

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Morgan Mccomb

Mailing Address 541 Ranch Trail #177

City State Zip Code  
Irving TX 75063-4165

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 20.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11COND.9

Amount of Each Receipt this Period  
20.00

EARMARKED FOR MICHELE BACHMANN

**C.** Full Name (Last, First, Middle Initial)  
MR. HOWELL D. MCCULLOUGH

Mailing Address 6318 MCINTYRE POINTE

City State Zip Code  
EDINA MN 55439

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

Name of Employer Occupation  
U.S. BANK BANKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

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

**Transaction ID:** SA11.7067

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2020.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. DAVID J. MCMILLAN

Mailing Address 2724 GREYSOLON ROAD

City State Zip Code  
DULUTH MN 55812-2308

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

Name of Employer Occupation  
ALLETTE EXECUTIVE

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2010

Transaction ID: SA11.7918

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
PHP AMISH MEHTA

Mailing Address 30 ANNES COURT PLACE

City State Zip Code  
HILLSBOROUGH CA 94010-6171

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

Name of Employer Occupation  
VECTOR CAPITAL PARTNER

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 21 / 2010

Transaction ID: SA11.7960

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. NICHOLAS A. MERRICK

Mailing Address 3625 GREENBRIER

City State Zip Code  
DALLAS TX 75225-5106

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

Name of Employer Occupation  
MT. VERNON INVESTMENTS INVESTOR

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 16 / 2010

Transaction ID: SA11.7639

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

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

2650.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. RUSSELL V. MICHALETZ

Mailing Address 5301 EVANSWOOD LANE

City State Zip Code  
EDINA MN 55436-1134

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

Name of Employer Occupation  
DELOITTE C.P.A.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2010

**Transaction ID:** SA11.7914

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. CHARLES MILLER

Mailing Address 121 N. POST OAD LANE #2606

City State Zip Code  
HOUSTON TX 77024

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 ▼ 1499.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

**Transaction ID:** SA11.8736

Amount of Each Receipt this Period  
1499.00

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**C.** Full Name (Last, First, Middle Initial)  
MS. DIANE D. MILLER

Mailing Address 1080 CHESTNUT STREET

City State Zip Code  
SAN FRANCISCO CA 94109-1240

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

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2010

**Transaction ID:** SA11.8002

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2999.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 322
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. ELLEN V. MILLER	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 23088 COUNTY ROAD 17	<b>Transaction ID:</b> SA11.8130
	City State Zip Code WINONA MN 55987-5485	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JAMES RAYMOND MILLER	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 2435 JEWEL LANE	<b>Transaction ID:</b> SA11.8118
	City State Zip Code PLYMOUTH MN 55447-2260	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SELF-EMPLOYED CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. REID T. MILLER	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 620 NEWMAN TRAIL	<b>Transaction ID:</b> SA11.7386
	City State Zip Code STILLWATER MN 55082-4527	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation DELOITTE CONSULTING CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 89 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD A. MILLS

Mailing Address 4567 AMERICAN BLVD. WEST

City State Zip Code  
MINNEAPOLIS MN 55437-1123

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

Name of Employer Occupation  
HOLIDAY COMPANIES VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11.5125

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. DAVID MINKKINEN

Mailing Address 50 SOUTH 6TH STREET  
SUITE 2800

City State Zip Code  
MINNEAPOLIS MN 55402-1550

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

Name of Employer Occupation  
DELOITTE CONSULTING

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2931.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11.7467

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. DAVID MINKKINEN

Mailing Address 50 SOUTH 6TH STREET  
SUITE 2800

City State Zip Code  
MINNEAPOLIS MN 55402

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

Name of Employer Occupation  
DELOITTE CONSULTING

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2931.00

Date of Receipt

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

Transaction ID: SA11.8739

Amount of Each Receipt this Period

931.00

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

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

3431.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 322  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. LEE R. MITAU

Mailing Address 800 NICOLLET MALL  
BC-MN-H231

City State Zip Code  
MINNEAPOLIS MN 55402-7000

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

Name of Employer Occupation  
U.S. BANK EXECUTIVE VICE PRESIDENT/GENERAL COUNS

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** SA11.7038

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
BONNIE MOE

Mailing Address 140 ATHERTON AVE.

City State Zip Code  
ATHERTON CA 94027

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 ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 1 0

**Transaction ID:** SA11.8735

Amount of Each Receipt this Period  
4200.00

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**C.** Full Name (Last, First, Middle Initial)  
Michael Mohrhauser

Mailing Address 18215 218th St E

City State Zip Code  
Welch MN 55089

FEC ID number of contributing federal political committee. **C** HOWI07051

Name of Employer Occupation  
RADKE & MOHRHAUSER, LLC CPA

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

**Transaction ID:** SA11COND.51

Amount of Each Receipt this Period  
100.00

EARMARKED FOR SEAN DUFFY

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Mohrhauser

Mailing Address 18215 218th St E

City State Zip Code  
Welch MN 55089

FEC ID number of contributing federal political committee. **C** H0W107051

Name of Employer Occupation  
RADKE & MOHRHAUSER, LLC CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

**Transaction ID:** SA11COND.52

Amount of Each Receipt this Period  
100.00

EARMARKED FOR SEAN DUFFY

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

Mailing Address 18215 218th St E

City State Zip Code  
Welch MN 55089

FEC ID number of contributing federal political committee. **C** H0W107051

Name of Employer Occupation  
RADKE & MOHRHAUSER, LLC CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

**Transaction ID:** SA11COND.53

Amount of Each Receipt this Period  
100.00

EARMARKED FOR SEAN DUFFY

**C.** Full Name (Last, First, Middle Initial)  
MR. MALCOLM S. MORRIS

Mailing Address 1980 POST OAK BLVD. #800

City State Zip Code  
HOUSTON TX 77056-3826

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

Name of Employer Occupation  
STEWART TITLE GUARANTY CO-MPANY CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2010

**Transaction ID:** SA11.7631

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MS. ALEXANDRA MUNROE

Mailing Address 590 MADISON AVENUE  
30TH FLOOR

City State Zip Code  
NEW YORK NY 10022-8547

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 ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2010

Transaction ID: SA11.7996

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. CINDY MURRAY

Mailing Address 1015 E. 1296 ROAD

City State Zip Code  
LAWRENCE KS 66047

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 ▼ 351.73

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2010

Transaction ID: SA11.8748

Amount of Each Receipt this Period  
351.73

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**C.** Full Name (Last, First, Middle Initial)  
MR. TOM MURRAY

Mailing Address 1015 E. 1296 ROAD

City State Zip Code  
LAWRENCE KS 66047

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

Name of Employer Occupation  
ZATHROP & GAGE ATTORNEY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.73

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2010

Transaction ID: SA11.8747

Amount of Each Receipt this Period  
351.73

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3203.46**

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

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

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

FOR LINE NUMBER: PAGE 93 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
Philip Musser  
Mailing Address 315 Kentucky Avenue  
City Alexandria State VA Zip Code 22305-1739  
FEC ID number of contributing federal political committee. **C** H0IL10302  
Name of Employer NEW FRONTIER STRATEGY Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: SA11COND.49  
Amount of Each Receipt this Period 100.00  
EARMARKED FOR ROBERT DOLD

**B.** Full Name (Last, First, Middle Initial)  
Philip Musser  
Mailing Address 315 Kentucky Avenue  
City Alexandria State VA Zip Code 22305-1739  
FEC ID number of contributing federal political committee. **C** S0SD00093  
Name of Employer NEW FRONTIER STRATEGY Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: SA11COND.59  
Amount of Each Receipt this Period 100.00  
EARMARKED FOR JOHN HOEVEN

**C.** Full Name (Last, First, Middle Initial)  
Philip Musser  
Mailing Address 315 Kentucky Avenue  
City Alexandria State VA Zip Code 22305-1739  
FEC ID number of contributing federal political committee. **C** S4PA00121  
Name of Employer NEW FRONTIER STRATEGY Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: SA11COND.64  
Amount of Each Receipt this Period 100.00  
EARMARKED FOR PATRICK TOO-MEY

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 94 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. FRANK B. MYERS, JR.  
Mailing Address 100 BRANDON PLACE  
City WINSTON SALEM State NC Zip Code 27104-1806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SALEM ELECTRIC COMPANY Occupation ELECTRICAL CONTRACTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 01 / 2010  
Transaction ID: SA11.7221  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
K. BLAIR NAGEL  
Mailing Address 246 W. LAUREL  
City LAKE FOREST State IL Zip Code 60045-1120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer METRO STORAGE L.L.C. Occupation OWNER/C.E.O.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 04 / 23 / 2010  
Transaction ID: SA11.5688  
Amount of Each Receipt this Period 1500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. MATTHEW M. NAGEL  
Mailing Address 425 E. ILLINOIS ROAD  
City LAKE FOREST State IL Zip Code 60045-2354  
FEC ID number of contributing federal political committee. **C**  
Name of Employer METRO STORAGE L.L.C. Occupation OWNER/CHAIRMAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 04 / 23 / 2010  
Transaction ID: SA11.5687  
Amount of Each Receipt this Period 1500.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 95 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. MARILYN CARLSON NELSON

Mailing Address 301 CARLSON PARKWAY  
SUITE 275

City State Zip Code  
MINNETONKA MN 55305-5386

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

Name of Employer Occupation  
CARLSON COMPANIES C.E.O.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt

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

Transaction ID: SA11.7046

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES B. NICHOLSON

Mailing Address 222 CLOVERLY ROAD

City State Zip Code  
GROSSE POINTE FARM MI 48236-3317

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

Name of Employer Occupation  
P.V.S. CHEMICALS, INC. PRESIDENT & CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

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

Transaction ID: SA11.6054

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SEE REATTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. ANN V. NICHOLSON

Mailing Address 222 CLOVERLY ROAD

City State Zip Code  
GROSSE POINTE FARM MI 48236-3317

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 ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11.8030

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

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

11000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JAMES B. NICHOLSON

Mailing Address 222 CLOVERLY ROAD

City State Zip Code  
GROSSE POINTE FARM MI 48236-3317

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

Name of Employer P.V.S. CHEMICALS, INC. Occupation PRESIDENT & CEO

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 23 / 2010  
Transaction ID: SA11.6054B  
Amount of Each Receipt this Period: -5000.00  
CONTRIBUTION  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
MRS. MABEL NORTON

Mailing Address 4523 SHORELINE DRIVE  
APARTMENT 317

City State Zip Code  
SPRING PARK MN 55384-9775

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: 06 / 30 / 2010  
Transaction ID: SA11.8506  
Amount of Each Receipt this Period: 100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. ERLE A. NYE

Mailing Address 2651 N. HENWOOD  
SUITE 250

City State Zip Code  
DALLAS TX 75201

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

Name of Employer E.N. CONSULTANTING Occupation CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 06 / 16 / 2010  
Transaction ID: SA11.7640  
Amount of Each Receipt this Period: 2500.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

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



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

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

FOR LINE NUMBER: PAGE 97 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. DAVID O'MALEY

Mailing Address 5085 WILLOW HILLS LANE

City State Zip Code  
CINCINNATI OH 45243-4219

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

Name of Employer Occupation  
OHIO NATIONAL FINANCIAL SERVICES CHAIRMAN, PRESIDENT & C.E.O.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2010

**Transaction ID: SA11.7041**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Daniel O'Neil

Mailing Address P.O. Box 8

City State Zip Code  
Webster WI 54893

FEC ID number of contributing federal political committee. **C** H0WI07051

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 24 / 2010

**Transaction ID: SA11COND.54**

Amount of Each Receipt this Period  
100.00

EARMARKED FOR SEAN DUFFY

**C.** Full Name (Last, First, Middle Initial)  
MR. O. DAVID OAKES

Mailing Address INFO REQUESTED

City State Zip Code  
DOBBS FERRY NY 10522

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

Name of Employer Occupation  
MORGAN STANLEY BANKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2010

**Transaction ID: SA11.7987**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. RAY P. ODEN, JR.	Date of Receipt MM / DD / YYYY 06 / 01 / 2010
	Mailing Address 702 THORA BOLVD.	<b>Transaction ID:</b> SA11.7281
	City State Zip Code SHREVEPORT LA 71106	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	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 ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DALE R. OLSETH	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 80 S. 8TH STREET 4900 1.D.S CENTER	<b>Transaction ID:</b> SA11.7912
	City State Zip Code MINNEAPOLIS MN 55402-2100	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SURMODICS INC. CHAIRMAN EMERITUS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christine Olson	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 23352 Agate Lk. Rd.	<b>Transaction ID:</b> SA11COND.30
	City State Zip Code Deerwood MN 56444-6255	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b> H6MN06074	<b>EARMARKED FOR MICHELE BACHMANN</b>
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS SALES REP.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MS. JACQUELINE R. OLSON  
Mailing Address 10159 JAMES AVENUE NE

City State Zip Code  
OTSEGO MN 55362-4318

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

Name of Employer Occupation  
TYTHER CONTRACTING SELF EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2010

Transaction ID: SA11.5191

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MS. JACQUELINE R. OLSON  
Mailing Address 10159 JAMES AVENUE NE

City State Zip Code  
OTSEGO MN 55362-4318

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

Name of Employer Occupation  
TYTHER CONTRACTING SELF EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2010

Transaction ID: SA11.5902

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MS. JERRINE A. OSTENSON  
Mailing Address 18929 DORENKEMPER PLACE

City State Zip Code  
EDEN PRAIRIE MN 55347-4288

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

Name of Employer Occupation  
SELF INDEPENDENT CONSULTANT

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

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

Transaction ID: SA11.7551

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 322  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. RICHARD T. OSTLUND

Mailing Address 15284 BOULDER POINTE ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347-2412

FEC ID number of contributing federal political committee. C

Name of Employer  
ANTHONY OSTLUND BAER LOUW-AGE

Occupation  
ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 23 / 2010

**Transaction ID:** SA11.5681

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM OTTESON

Mailing Address 5704 CONTINENTAL DRIVE

City State Zip Code  
EDINA MN 55436-1708

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 ▼  
2075.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2010

**Transaction ID:** SA11.6317

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM OTTESON

Mailing Address 5704 CONTINENTAL DRIVE

City State Zip Code  
EDINA MN 55436-1708

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 ▼  
2075.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2010

**Transaction ID:** SA11.7550

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 3075.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert Otto

Mailing Address 1271 Bradford St SE

City State Zip Code  
Hutchinson MN 55350-3266

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.40

Amount of Each Receipt this Period

100.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
MRS. BARBARA PACE

Mailing Address 6420 WANONGA TERRACE

City State Zip Code  
MISSION HILLS KS 66208

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 ▼ 351.73

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11.8749

Amount of Each Receipt this Period

351.73

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**C.**

Full Name (Last, First, Middle Initial)  
MR. JAMES P. PACE

Mailing Address 6420 WENONGA TERRACE

City State Zip Code  
MISSION HILLS KS 66208-1732

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

Name of Employer Occupation  
BIZ CAPITAL PARTNERS FBO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1101.73

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11.7557

Amount of Each Receipt this Period

750.00

CONTRIBUTION

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

1201.73

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

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

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

FOR LINE NUMBER: PAGE 102 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JAMES P. PACE

Mailing Address 6420 WENONGA TERRACE

City State Zip Code  
MISSION HILLS KS 66208-1732

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

Name of Employer Occupation  
BIZ CAPITAL PARTNERS FBO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1101.73

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2010

**Transaction ID:** SA11.8742

Amount of Each Receipt this Period  
351.73

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**B.** Full Name (Last, First, Middle Initial)  
MR. MARC C. PALAZZO

Mailing Address 2311 PLUMTHICKET COURT

City State Zip Code  
WICHITA KS 67226-1523

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

Name of Employer Occupation  
FUNHILLS RESOURCES VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** SA11.5393A

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

CHARGED BACK \$750.00 ON 04/21/2010

**C.** Full Name (Last, First, Middle Initial)  
MR. MARC C. PALAZZO

Mailing Address 2311 PLUMTHICKET COURT

City State Zip Code  
WICHITA KS 67226-1523

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

Name of Employer Occupation  
FUNHILLS RESOURCES VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2010

**Transaction ID:** SA11.5393B

Amount of Each Receipt this Period  
-750.00

CONTRIBUTION

CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional) ..... ► **601.73**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 322  
(check only one)

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<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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Palicka

Mailing Address 8900 181st Ave NW

City Ramsey State MN Zip Code 55303-2965

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation SALES

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00

Date of Receipt 04 / 30 / 2010

Transaction ID: SA11COND.3

Amount of Each Receipt this Period 100.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOHN J. PALMER

Mailing Address 7770 ANNESDALE DRIVE

City CINCINNATI State OH Zip Code 45243-4058

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 01 / 2010

Transaction ID: SA11.7040

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JERRY PAPPENFUSS

Mailing Address 276 PLEASANT HILL DRIVE

City WINONA State MN Zip Code 55987-1363

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

Name of Employer K.A.G.E. INC. Occupation RADIO STATION OWNER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 25 / 2010

Transaction ID: SA11.8134

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
JENO F. PAULUCCI

Mailing Address 201 W. FIRST STREET

City State Zip Code  
SANFORD FL 32771-1203

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

Transaction ID: SA11.7049

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ANTHONY PAVLOVICH

Mailing Address 8010 HIDDEN CIRCLE

City State Zip Code  
CHANHASSEN MN 55317-9620

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

Name of Employer HOLIDAY COMPANIES  
Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: SA11.5129

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD B. PAYNE, JR.

Mailing Address 100 THIRD AVENUE S.  
APARTMENT 1201

City State Zip Code  
MINNEAPOLIS MN 55401-2708

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

Name of Employer U.S. BANCORP  
Occupation BANKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

Transaction ID: SA11.7064

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOHN PECK

Mailing Address PO BOX 829

City State Zip Code  
RANCHO SANTA FE CA 92067-0829

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

Name of Employer Occupation  
PECK ENTERPRISES REAL ESTATE INVESTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 17 / 2010

Transaction ID: SA11.7660

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. LIZ PENDELTON

Mailing Address 6444 INDIAN LANE

City State Zip Code  
MISSION HILLS KS 66208

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 ▼ 351.73

Date of Receipt

M M / D D / Y Y Y Y  
05 / 06 / 2010

Transaction ID: SA11.8750

Amount of Each Receipt this Period

351.73

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**C.**

Full Name (Last, First, Middle Initial)  
DR. BRUCE PENDLETON

Mailing Address 6444 INDIAN LANE

City State Zip Code  
MISSION HILLS KS 66208-1716

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

Name of Employer Occupation  
NEUROLOGICAL SURGERY ASSO- CIATION NEUROSURGEON

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1351.73

Date of Receipt

M M / D D / Y Y Y Y  
05 / 13 / 2010

Transaction ID: SA11.6107

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

2101.73

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) DR. BRUCE PENDLETON</p> <p>Mailing Address 6444 INDIAN LANE</p> <p>City State Zip Code MISSION HILLS KS 66208-1716</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation NEUROLOGICAL SURGERY ASSO- NEUROSURGEON CIATION</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">1351.73</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 0 6 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11.8741</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">351.73</span></p> <p>CONTRIBUTION</p> <p>IN-KIND: FOOD AND BEVERAGE</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) MR. JOSE A. PERIS</p> <p>Mailing Address 4815 THOMAS AVENUE S.</p> <p>City State Zip Code MINNEAPOLIS MN 55410-1803</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation U.S. BANK BANKER</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 0 1 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11.7063</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>CONTRIBUTION</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) MR. GREGG C. PETERSON</p> <p>Mailing Address 250 PEAVEY LANE</p> <p>City State Zip Code WAYZATA MN 55391-1523</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation NASCENT CAPITAL, INC. PRESIDENT</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 4 / 2 3 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11.5675</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>CONTRIBUTION</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1851.73</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 107 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. NANCY PETERSON

Mailing Address 6005 ERIN TERRACE

City State Zip Code  
EDINA MN 55439-1737

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
05 / 24 / 2010

Transaction ID: SA11.7019

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MS. SUSAN M. PHIL-NIEDERMAN

Mailing Address 4567 AMERICAN BLVD. W.

City State Zip Code  
MEDINA MN 55340

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

Name of Employer HOLIDAY COMPANIES Occupation BOARD OF DIRECTORS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: SA11.5135

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MS. SUSAN M. PHIL-NIEDERMAN

Mailing Address 4567 AMERICAN BLVD. W.

City State Zip Code  
MEDINA MN 55340

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

Name of Employer HOLIDAY COMPANIES Occupation BOARD OF DIRECTORS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: SA11.5136

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. CHARLES E. PIHL

Mailing Address 4567 AMERICAN BLVD. W.

City State Zip Code  
MINNEAPOLIS MN 55437-1123

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

Name of Employer Occupation  
HOLIDAY COMPANIES PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID:** SA11.5128

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. TERIE E. POPP

Mailing Address 620 MENDELSSOHN AVENUE N.

City State Zip Code  
GOLDEN VALLEY MN 55427-4310

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 ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

**Transaction ID:** SA11.7852

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM JOSEPH POPP

Mailing Address 620 MENDELSSOHN AVENUE N.

City State Zip Code  
GOLDEN VALLEY MN 55427-4310

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

Name of Employer Occupation  
POPP.COM TELECOM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

**Transaction ID:** SA11.7854

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. THOMAS J. POUL

Mailing Address 2350 OAKLAND ROAD

City State Zip Code  
MINNETONKA MN 55305-2204

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

Name of Employer Occupation  
MESSERLI & KRAMER ATTORNEY

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2010

**Transaction ID:** SA11.7463

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Carol Prudhon

Mailing Address 245 Clifton Street

City State Zip Code  
Evansville WI 53536

FEC ID number of contributing federal political committee. **C** H0WI07051

Name of Employer Occupation  
RETIRED RETIRED TEACHER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 20.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

**Transaction ID:** SA11COND.55

Amount of Each Receipt this Period  
20.00

EARMARKED FOR SEAN DUFFY

**C.** Full Name (Last, First, Middle Initial)  
Lisa Quinn

Mailing Address 1129 W Bradley Ct

City State Zip Code  
Exeter CA 93221-2384

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS SALES MANAGER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 50.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** SA11COND.20

Amount of Each Receipt this Period  
50.00

EARMARKED FOR MICHELE BACHMANN

**SUBTOTAL** of Receipts This Page (optional) ..... ► 320.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JEFFERY L. RADUNZ

Mailing Address 2600 W. LAFAYETTE ROAD

City State Zip Code  
EXCELSIOR MN 55331-9417

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

Name of Employer Occupation  
DELOITTE & TOUCHE C.P.A.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11.7556

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. GERALD A. RAUENHORST

Mailing Address 10350 BREN ROAD WEST

City State Zip Code  
MINNETONKA MN 55343-9014

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 ▼ 5000.00

Date of Receipt

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

Transaction ID: SA11.5124

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. HENRIETTA V. RAUENHORST

Mailing Address 10350 BREN ROAD W.

City State Zip Code  
MINNETONKA MN 55343-9014

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 ▼ 5000.00

Date of Receipt

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

Transaction ID: SA11.5123

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

5500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 322  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. BRADLEY J. RAZOOK

Mailing Address 2006 KEENELAND STREET

City State Zip Code  
WICHITA KS 67206-4457

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

Name of Employer Occupation  
FLINT HILLS RESOURCES LP PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11.5149

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MARGARET REAGAN

Mailing Address 1443 21ST STREET N.

City State Zip Code  
STILLWATER MN 55082

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

Name of Employer Occupation  
U.S. BANK MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: SA11.6563

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
Linda Ream

Mailing Address 2600 98th Ave. N

City State Zip Code  
Brooklyn Park MN 55444-1026

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS HEALTHCARE SUPPORT/ALL OTHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 40.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.31

Amount of Each Receipt this Period  
40.00

EARMARKED FOR MICHELE BACHMANN

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2290.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 322  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. MAURICE J. REESE

Mailing Address 713 LAKEWOOD BLVD.

City MADISON State WI Zip Code 53704-6048

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: 05 / 24 / 2010  
**Transaction ID:** SA11.6672  
 Amount of Each Receipt this Period: 250.00  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT RHEA

Mailing Address 180 E PEARSON ST

City CHICAGO State IL Zip Code 60611-2130

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 17 / 2010  
**Transaction ID:** SA11.7758  
 Amount of Each Receipt this Period: 1000.00  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
PHP DANIEL P. RICE

Mailing Address 11364 14TH ST N

City LAKE ELMO State MN Zip Code 55042-9709

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

Name of Employer STRATEGIC FUNDRAISING, IN-C. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** SA11.8212  
 Amount of Each Receipt this Period: 2500.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3750.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. DOUGLAS A. RIGGS

Mailing Address 8912 E. PINNACLE PEAK ROAD  
SUITE F9 #529

City State Zip Code  
SCOTTSDALE AZ 85255-3649

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

Name of Employer Occupation  
ROBINS KAPLAN LAWYER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5642

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ALEX T. ROBERTSON

Mailing Address 101 PARK AVENUE  
48TH FLOOR

City State Zip Code  
NEW YORK NY 10178-4799

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

Name of Employer Occupation  
TIGER MANAGEMENT, L.L.C. INVESTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11.8131

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHN H. ROBINSON, JR.

Mailing Address 121 W. 48TH STREET NO. 1006

City State Zip Code  
KANSAS CITY MO 64112-3860

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

Name of Employer Occupation  
SELF-EMPLOYED ENGINEER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2564.83

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11.7619

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JOHN H. ROBINSON, JR.  
Mailing Address 121 W. 48TH STREET NO. 1006  
City KANSAS CITY State MO Zip Code 64112-3860  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation ENGINEER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2564.83  
Date of Receipt 05 / 06 / 2010  
Transaction ID: SA11.8743  
Amount of Each Receipt this Period 564.83  
CONTRIBUTION  
IN KIND: FOOD AND BEVERAGE

**B.** Full Name (Last, First, Middle Initial)  
MRS. KYLE ROBINSON  
Mailing Address 121 W. 48TH STREET #1006  
City KANSAS CITY State MO Zip Code 64112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 564.84  
Date of Receipt 05 / 06 / 2010  
Transaction ID: SA11.8744  
Amount of Each Receipt this Period 564.84  
CONTRIBUTION  
IN KIND: FOOD AND BEVERAGE

**C.** Full Name (Last, First, Middle Initial)  
Alison Roe  
Mailing Address P.O Box 3116  
City Deer Park State WA Zip Code 99006-3116  
FEC ID number of contributing federal political committee. **C** H6MN06074  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation RECEPTIONIST  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 25.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: SA11COND.17  
Amount of Each Receipt this Period 25.00  
EARMARKED FOR MICHELE BACHMANN

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1154.67  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS E. ROOS

Mailing Address 50 S. 6TH STREET

City State Zip Code  
MINNEAPOLIS MN 55402-1540

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

Name of Employer Occupation  
DELOITTE L.L.P. PARTNER/C.P.A.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2010

Transaction ID: SA11.7479

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT ROSENKRANZ

Mailing Address 590 MADISON AVENUE  
30TH FLOOR

City State Zip Code  
NEW YORK NY 10022-8547

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

Name of Employer Occupation  
DELPHI CAPITAL MANAGEMENT CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2010

Transaction ID: SA11.7997

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. KRISTEN C. ROSSI

Mailing Address 328 S. CUMBERLAND AVENUE

City State Zip Code  
PARK RIDGE IL 60068-4012

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

Name of Employer Occupation  
MORGAN STANLEY INVESTMENT BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

Transaction ID: SA11.5683

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)

Zachary Rossow

Mailing Address 848 250th St

City State Zip Code  
Osceola WI 54020-4320

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.21

Amount of Each Receipt this Period

2.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER W. RUDDY

Mailing Address 1120 BEAR ISLAND DRIVE

City State Zip Code  
WEST PALM BEACH FL 33409-2005

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

Name of Employer Occupation  
NEWSMAX MEDIA PRESIDENT & C.E.O.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11.7991

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

Patrick Ruffini

Mailing Address 707 8th Street, SE  
Suite 200

City State Zip Code  
Washington DC 20003-2862

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
ENGAGE LLC CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.13

Amount of Each Receipt this Period

1.00

EARMARKED FOR MICHELE BACHMANN

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

503.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick Ruffini	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 707 8th Street, SE Suite 200	<b>Transaction ID:</b> SA11COND.60
	City Washington State DC Zip Code 20003-2862	Amount of Each Receipt this Period 1.00
	FEC ID number of contributing federal political committee. <b>C</b> S0SD00093	<b>EARMARKED FOR JOHN HOEVEN</b>
	Name of Employer ENGAGE LLC Occupation CONSULTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DANIEL F. RUNDE	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 6910 BONHEIM COURT	<b>Transaction ID:</b> SA11.5690
	City MCLEAN State VA Zip Code 22101-5100	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer WORLD BANK Occupation DIPLOMAT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT RUPP	Date of Receipt MM / DD / YYYY 05 / 02 / 2010
	Mailing Address 3 CANDLEWOOD ISLAND	<b>Transaction ID:</b> SA11.5710
	City DARIEN State CT Zip Code 06820-5916	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer BANK OF NEW YORK MELLON Occupation EVP CHIEF MARKET RISK OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6001.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. FRANK RUSSOMANNO

Mailing Address 1351 CHATTERTON ROAD

City State Zip Code  
SAINT PAUL MN 55123-1481

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
IMATION CORP. RETIRED CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
05 / 07 / 2010

**Transaction ID:** SA11.6055

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. DANIEL SANDAGER

Mailing Address 20021 SAINT CROIX TRL N

City State Zip Code  
SCANDIA MN 55073-8701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
ABRAHAMSON NURSERY OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** SA11.5104

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM J. SANDERS

Mailing Address 1120 PARK AVENUE  
APARTMENT 4C

City State Zip Code  
NEW YORK NY 10128-1242

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
MORGAN STANLEY BANKING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
06 / 22 / 2010

**Transaction ID:** SA11.7979

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Kathryn Sauer

Mailing Address 403 Brookwood Lane

City State Zip Code  
Sartell MN 56377-1802

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation OFFIE MANAGER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.12

Amount of Each Receipt this Period  
10.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
MR. PERRIE L. SCHAFER

Mailing Address 48 CAPTAIN MARSH DRIVE

City State Zip Code  
MANDAN ND 58554-4704

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11.5148

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. MARK D. SCHARMER

Mailing Address 17683 KINGSWOOD CIRCLE

City State Zip Code  
LAKEVILLE MN 55044-5210

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

Name of Employer FEDERATED INSURANCE Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11.7546

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

SEE REATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12510.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. MARK D. SCHARMER

Mailing Address 17683 KINGSWOOD CIRCLE

City State Zip Code  
LAKEVILLE MN 55044-5210

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

Name of Employer Occupation  
FEDERATED INSURANCE EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11.7546B

Amount of Each Receipt this Period  
-5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.**

Full Name (Last, First, Middle Initial)  
MRS. MARGARET E. SCHARMER

Mailing Address 17683 KINGSWOOD CIRCLE

City State Zip Code  
LAKEVILLE MN 55044-5210

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 ▼ 5000.00

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

Transaction ID: SA11.7547

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.**

Full Name (Last, First, Middle Initial)  
MR. HARRY R. SCHLEETER

Mailing Address 1585 MEDINA ROAD

City State Zip Code  
LONG LAKE MN 55356-9518

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

Name of Employer Occupation  
BROADWAY EQUIPMENT SALESPERSON

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11.5145

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

1000.00

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



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

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

FOR LINE NUMBER: PAGE 121 / 322  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. HARRY R. SCHLEETER

Mailing Address 1585 MEDINA ROAD

City State Zip Code  
LONG LAKE MN 55356-9518

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

Name of Employer Occupation  
BROADWAY EQUIPMENT SALESPERSON

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11.8482

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MS. DEBORAH G. SCHNEIDER

Mailing Address 7160 KENMARE DRIVE

City State Zip Code  
BLOOMINGTON MN 55438-2834

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2010

Transaction ID: SA11.7911

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. CRAIG D. SCHNUCK

Mailing Address 26 CARRWOLD DRIVE

City State Zip Code  
ST. LOUIS MO 63105-2913

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

Name of Employer Occupation  
SCHNUCK MARKETS FORD RETAILER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2010

Transaction ID: SA11.7473

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 122 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. THOMAS S. SCHREIER, JR.  
Mailing Address 5330 LEXINGTON AVENUE N.  
City State Zip Code  
SHOREVIEW MN 55126-1356  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
U.S. BANK C.E.O. FAX ADVISORS  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2010  
Transaction ID: SA11.7029  
Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT A. SCHROEDER  
Mailing Address 1707 SUMMIT AVENUE  
City State Zip Code  
MINNEAPOLIS MN 55403-2849  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
STATE OF MINNESOTA ADMINISTRATOR  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 5000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2010  
Transaction ID: SA11.7905  
Amount of Each Receipt this Period  
5000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. DOUG SCHUCK  
Mailing Address 1 COTTONWOOD LANE  
City State Zip Code  
GREENWOOD VILLAGE CO 80121-1409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
MSN COMMUNICATIONS PRESIDENT  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2010  
Transaction ID: SA11.7349  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6250.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 123 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. ROBERT C. SCHULTZ

Mailing Address 18935 DORENKEMPER PLACE

City State Zip Code  
EDEN PRAIRIE MN 55347-4288

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	0

**Transaction ID:** SA11.7552

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. JANET JAYNE SCHUTZ

Mailing Address 865 NAVAJO ROAD W.

City State Zip Code  
MEDINA MN 55340-9487

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

Name of Employer HOME MAKER  
Occupation HOME MAKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

**Transaction ID:** SA11.5667

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. RONALD J. SCHUTZ

Mailing Address 865 NAVAJO ROAD W.

City State Zip Code  
MEDINA MN 55340-9487

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

Name of Employer ROBINS, KAPLAN, MILLER & CIRESI  
Occupation LAWYER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
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**Transaction ID:** SA11.5659

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10500.00**

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

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

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

FOR LINE NUMBER: PAGE 124 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. DOUGLAS P. SEATON

Mailing Address 7300 METRO BLVD.  
SUITE 500

City State Zip Code  
MINNEAPOLIS MN 55439-2308

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

Name of Employer SEATON, BECH & PARTNERS, P.A. Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** SA11.6110

Amount of Each Receipt this Period: 10000.00

CONTRIBUTION

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. DOUGLAS P. SEATON

Mailing Address 7300 METRO BLVD.  
SUITE 500

City State Zip Code  
MINNEAPOLIS MN 55439-2308

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

Name of Employer SEATON, BECH & PARTNERS, P.A. Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** SA11.6110B

Amount of Each Receipt this Period: -5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
MRS. HILORY A. SEATON

Mailing Address 7300 METRO BLVD.  
SUITE 500

City State Zip Code  
MINNEAPOLIS MN 55439-2308

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

Name of Employer STATE OF MINNESOTA Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** SA11.6111

Amount of Each Receipt this Period: 5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

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

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

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

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

FOR LINE NUMBER: PAGE 125 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. RANDY SEYKORA  
Mailing Address 1601 GRIZZLY LANE  
City SARTELL State MN Zip Code 56377-1672  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SYNTHES Occupation SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 07 / 2010  
Transaction ID: SA11.5062  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. RANDY SEYKORA  
Mailing Address 1601 GRIZZLY LANE  
City SARTELL State MN Zip Code 56377-1672  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SYNTHES Occupation SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: SA11.6502  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. RANDY SEYKORA  
Mailing Address 1601 GRIZZLY LANE  
City SARTELL State MN Zip Code 56377-1672  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SYNTHES Occupation SALES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 06 / 15 / 2010  
Transaction ID: SA11.7621  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 126 / 322

(check only one)

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<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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MS. ANNETTE B. SHERWOOD

Mailing Address 1 STICKLEY DRIVE

City State Zip Code  
LAGUNA BEACH CA 92651-4238

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 07 / 2010

Transaction ID: SA11.7445

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
Ruben Shirinian

Mailing Address 62-98 Saunders Str, Apt.5J

City State Zip Code  
Rego Park NY 11374-1549

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS DATABASE ADMINISTRATOR

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 20.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 30 / 2010

Transaction ID: SA11COND.7

Amount of Each Receipt this Period

20.00

EARMARKED FOR MICHELE BACHMANN

**C.**

Full Name (Last, First, Middle Initial)  
MR. JEFFREY SHOLL

Mailing Address 720 PAINTBRUSH DRIVE

City State Zip Code  
JACKSON WY 83001-9354

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

Name of Employer Occupation  
THE SHOLL GROUP, INC. EXECUTIVE

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 25 / 2010

Transaction ID: SA11.8097

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

520.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. PAMELA L. SIME

Mailing Address 1592 MEDINA ROAD

City State Zip Code  
LONG LAKE MN 55356-9518

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

Name of Employer Occupation  
CORE POWER YOGA INSTRUCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5651

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RANDOLPH M. SKARE

Mailing Address 8427 CARRIAGE HILL ROAD

City State Zip Code  
SAVAGE MN 55378-2342

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

Name of Employer Occupation  
HOLIDAY COMPANIES VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11.5134

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHN FRANK SKOWRON

Mailing Address 309 HALLSBOROUGH DRIVE

City State Zip Code  
PITTSBURGH PA 15238-1640

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

Name of Employer Occupation  
DELOITTE CONSULTING LLP PRINCIPAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11.7915

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert Slanovits

Mailing Address 1678 Montgomery Hwy D-330

City Birmingham State AL Zip Code 35216-4914

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation MARKETING

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10.00

Date of Receipt 04 / 30 / 2010

Transaction ID: SA11COND.39

Amount of Each Receipt this Period 10.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
PHP ALEX SLUSKY

Mailing Address 2900 PACIFIC AVENUE

City SAN FRANCISCO State CA Zip Code 94115-1065

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

Name of Employer VECTOR CAPITAL Occupation FINANCE

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 29 / 2010

Transaction ID: SA11.8201

Amount of Each Receipt this Period 3000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. EDWARD A. SMITH

Mailing Address 29 W. 69TH STREET APARTMENT 1

City NEW YORK State NY Zip Code 10023-4722

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

Name of Employer MORGAN STANLEY Occupation BANKING

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2010

Transaction ID: SA11.7990

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3510.00

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



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

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

FOR LINE NUMBER: PAGE 129 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. THOMAS W. SMITH  
 Mailing Address 323 RAILROAD AVENUE  
 City State Zip Code  
GREENWICH CT 06830-6779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
PRESCOTT INVESTORS PRESIDENT  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 2 / 2 0 1 0  
**Transaction ID: SA11.7986**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. DONALD H. SOUKUP  
 Mailing Address 2112 HUNTINGTON POINT ROAD E.  
 City State Zip Code  
WAYZATA MN 55391-9735  
 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 ▼  
 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0  
**Transaction ID: SA11.8547**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. DAVID M. SPARBY  
 Mailing Address 1 ASPEN LANE  
 City State Zip Code  
SAINT PAUL MN 55127-6501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
XCEL ENERGY VICE-PRESIDENT  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 1 0  
**Transaction ID: SA11.7055**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 322

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Bob Spielman

Mailing Address 1006 Pleasant View Avenue

City State Zip Code  
Red Wing MN 55066-3151

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.2

Amount of Each Receipt this Period  
25.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
Ross Spitz

Mailing Address 16430 90th Ave

City State Zip Code  
Chippewa Falls WI 54729

FEC ID number of contributing federal political committee. **C** H0WI07051

Name of Employer Occupation  
CITY OF EAU CLAIRE WI CIVIL ENGINEER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11COND.57

Amount of Each Receipt this Period  
50.00

EARMARKED FOR SEAN DUFFY

**C.**

Full Name (Last, First, Middle Initial)  
MR. ALAN D. SPRIGGS

Mailing Address 8801 PENN AVENUE S.

City State Zip Code  
BLOOMINGTON MN 55431-2022

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

Name of Employer Occupation  
NONE NONE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11.7459

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

575.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JEFF R. STAUBACH

Mailing Address 4225 PURDUE AVE

City State Zip Code  
DALLAS TX 75225-6704

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

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 16 / 2010

Transaction ID: SA11.7652

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. NEELE E. STEARNS, JR.

Mailing Address 260 CHESTNUT STREET

City State Zip Code  
WINNETKA IL 60093-3812

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

Name of Employer  
FINANCIAL INVESTMENTS COR-  
PORATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Occupation

BUSINESS EXECUTIVE

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 23 / 2010

Transaction ID: SA11.5686

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MELANIE STEFANIK

Mailing Address P.O. BOX 22

City State Zip Code  
FEURA BUSH NY 12067-0022

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

Name of Employer  
PREMIUM PLYWOOD PRODUCTS  
INC.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Occupation

CFO

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 11 / 2010

Transaction ID: SA11.7490

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. GREGG W. STEINHAFEL

Mailing Address P.O. BOX 67

City State Zip Code  
CRYSTAL BAY MN 55323-0067

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

Name of Employer Occupation  
TARGET C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

Transaction ID: SA11.5674

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. LAWRENCE STEYN

Mailing Address 2 RIVER TERRACE #16D

City State Zip Code  
NEW YORK NY 10282-1252

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

Name of Employer Occupation  
MORGAN STANLEY BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2010

Transaction ID: SA11.7974

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. CAROL A. STRICKBERGER

Mailing Address 30 PETERSVILLE ROAD

City State Zip Code  
MOUNT KISCO NY 10549-4514

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 ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2010

Transaction ID: SA11.7995

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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

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

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

FOR LINE NUMBER: PAGE 133 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. CECILIA M. STROIK  
 Mailing Address 918 ST. ANDREWS PLACE  
 City State Zip Code  
 OWATONNA MN 55060-2155  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 18 / 2010  
**Transaction ID:** SA11.7904  
 Amount of Each Receipt this Period  
 1000.00  
**CONTRIBUTION**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
MR. GREGORY J. STROIK  
 Mailing Address 918 ST. ANDREWS PLACE  
 City State Zip Code  
 OWATONNA MN 55060-2155  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 18 / 2010  
**Transaction ID:** SA11.7902  
 Amount of Each Receipt this Period  
 3000.00  
**CONTRIBUTION**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FEDERATED MUTUAL INSURANCE CHIEF FINANCIAL OFFICER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00

**C.** Full Name (Last, First, Middle Initial)  
MR. GREGORY J. STROIK  
 Mailing Address 918 ST. ANDREWS PLACE  
 City State Zip Code  
 OWATONNA MN 55060-2155  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 18 / 2010  
**Transaction ID:** SA11.7917  
 Amount of Each Receipt this Period  
 1000.00  
**CONTRIBUTION**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FEDERATED MUTUAL INSURANCE CHIEF FINANCIAL OFFICER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. FLETCHER W. STRONG

Mailing Address 75-25 153RD STREET  
APARTMENT 805

City FLUSHING State NY Zip Code 11367-3096

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

Name of Employer NONE Occupation STUDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
06 / 22 / 2010

Transaction ID: SA11.7983

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. MEREDITH J.G. STRONG

Mailing Address 904 N. GREEN BAY ROAD

City LAKE FOREST State IL Zip Code 60045-1709

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

Name of Employer F.T.I. CONSULTING Occupation CONSULTING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
04 / 23 / 2010

Transaction ID: SA11.5676

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
Richard Struxness

Mailing Address 2812 Hampshire Ave. S.

City St. Louis Park State MN Zip Code 55426-3349

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: SA11COND.10

Amount of Each Receipt this Period  
50.00

EARMARKED FOR MICHELE BACHMANN

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

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

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

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

FOR LINE NUMBER: PAGE 135 / 322  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. ALEXANDER D. STUART

Mailing Address 506 N. WASHINGTON ROAD

City State Zip Code  
LAKE FOREST IL 60045-2326

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

Name of Employer Occupation  
NORTH STAR INVESTMENTS INVESTMENT MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

**Transaction ID:** SA11.6106

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Joni Stutzman

Mailing Address 4730 Vermilion Trail

City State Zip Code  
Gilbert MN 55741

FEC ID number of contributing federal political committee. **C** HOWI07051

Name of Employer Occupation  
HOYT LAKES IGA RETAIL GROCER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

**Transaction ID:** SA11COND.50

Amount of Each Receipt this Period  
100.00

EARMARKED FOR SEAN DUFFY

**C.** Full Name (Last, First, Middle Initial)  
MR. IAN K. SUGARMAN

Mailing Address 40 HARRISON STREET  
APARTMENT 16E

City State Zip Code  
NEW YORK NY 10013-2722

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

Name of Employer Occupation  
MORGAN STANLEY INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** SA11.7989

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6100.00**

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

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

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

FOR LINE NUMBER: PAGE 136 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MS. EMILY SUMMERS  
Mailing Address 4639 INSURANCE LANE  
City State Zip Code  
DALLAS TX 75205-4025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
SELF-EMPLOYED C.E.O., INTERIOR DESIGN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: 06 / 16 / 2010  
Transaction ID: SA11.7647  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. JAY L. SWANSON  
Mailing Address 1955 KENWOOD PKWY.  
City State Zip Code  
MINNEAPOLIS MN 55405-2203  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
DORSEY & WHITNEY L.L.P. LAWYER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: 06 / 01 / 2010  
Transaction ID: SA11.7045  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. RUSSELL SWANSEN  
Mailing Address 5188 RIDGE CIRCLE  
City State Zip Code  
EDINA MN 55436-1176  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
THRIVENT EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: 04 / 14 / 2010  
Transaction ID: SA11.5146  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. DAVID P. SWENSON	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 2438 PLEASANT AVENUE	<b>Transaction ID:</b> SA11.6059
	City State Zip Code MINNEAPOLIS MN 55404-3249	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation ROBINS, KAPLAN, MILLER & CIRESI L.L.P. ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JACK P. TATUM, II	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 3709 MAPLEWOOD AVE	<b>Transaction ID:</b> SA11.7651
	City State Zip Code DALLAS TX 75205-2826	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. LEEANN TATUM	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 3709 MAPLEWOOD AVE	<b>Transaction ID:</b> SA11.7649
	City State Zip Code DALLAS TX 75205-2826	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SELF-EMPLOYED REALTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. RALPH B. THOMAS

Mailing Address 909 FANNIN  
SUITE 2907

City HOUSTON State TX Zip Code 77010-1024

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

Name of Employer FAYEZ SAROFIM & COMPANY Occupation INVESTMENT COUNSELOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11.7633

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
Karen Toman

Mailing Address P.O. Box 1147

City Brainerd State MN Zip Code 56401-1147

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.22

Amount of Each Receipt this Period  
50.00

EARMARKED FOR MICHELE BACHMANN

**C.**

Full Name (Last, First, Middle Initial)  
MR. PAUL M. TORGERSON

Mailing Address 9676 WHISTLING VALLEY ROAD

City LAKE ELMO State MN Zip Code 55042-4440

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

Name of Employer DORSEY & WHITNEY Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11.7035

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. HUGH JOHN TOTTEN

Mailing Address 312 N. EUCLID AVENUE

City State Zip Code  
OAK PARK IL 60302-2110

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

Name of Employer VALOREN LAW GROUP Occupation LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5692

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Katie Tramonte

Mailing Address 1739 Kingsley Ave

City State Zip Code  
Akron OH 44313-6166

FEC ID number of contributing federal political committee. **C** S0OH00133

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation PROJECT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.62

Amount of Each Receipt this Period  
1.00

EARMARKED FOR ROB PORTMAN

**C.** Full Name (Last, First, Middle Initial)  
MR. BLAIR TREMERE

Mailing Address 2305 LEE AVENUE N.

City State Zip Code  
GOLDEN VALLEY MN 55422-3638

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

Name of Employer PUBLIC AFFAIRS CONSULTING, L.L.C. Occupation CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11.7469

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2501.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial) MR. JOHN TYREE		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 141 E. 88TH STREET #11G		Transaction ID: SA11.8263
City NEW YORK	State NY	Zip Code 10128-2248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer MORGAN STANLEY	Occupation BANKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) MR. MYRON E. ULLMAN		Date of Receipt MM / DD / YYYY 06 / 16 / 2010
Mailing Address 6046 STEFANI DRIVE		Transaction ID: SA11.7642
City DALLAS	State TX	Zip Code 75225-1921
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer J.C. PENNEY COMPANY	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) MR. JAMES B. URBAN		Date of Receipt MM / DD / YYYY 04 / 14 / 2010
Mailing Address 3112 DEN HOLLOW		Transaction ID: SA11.5150
City WICHITA	State KS	Zip Code 67205-8745
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer FLINT HILLS RESOURCES LP	Occupation SENIOR VICE-PRESIDENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 141 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
DR. UMA VALETI

Mailing Address 856 GREAT OAKS TRAIL

City State Zip Code  
EAGAN MN 55123-2434

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

Name of Employer Occupation  
ST. PAUL HEART CLINIC CARDIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 07 / 2010

Transaction ID: SA11.6058

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. JAMES VAN HOUTEN

Mailing Address 3832 W. CALHOUN PARKWAY

City State Zip Code  
MINNEAPOLIS MN 55410-1171

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

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 13 / 2010

Transaction ID: SA11.6101

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
Elsie Van Woerkom

Mailing Address 4222 Edenhurst Avenue

City State Zip Code  
Los Angeles CA 90039-1308

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 25.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 30 / 2010

Transaction ID: SA11COND.6

Amount of Each Receipt this Period  
25.00

EARMARKED FOR MICHELE BACHMANN

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1525.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN D. VARNER		Date of Receipt
	Mailing Address 9330 CLEMENTA AVENUE S.W.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 24 / 2010
	City	State	Zip Code
	MONTROSE	MN	55363-8708
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.6747
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JEFFRY H. VONGILLERN		Date of Receipt
	Mailing Address 6617 IROQUOIS TRAIL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2010
	City	State	Zip Code
	EDINA	MN	55439-1015
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.7030
Name of Employer U.S. BANK		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
			CONTRIBUTION

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DENNIS WALSH		Date of Receipt
	Mailing Address 600 BASS LAKE DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	CRYSTAL	MN	55429
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.8129
Name of Employer WALSH PARTNERS, INC.		Occupation SALES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1500.00
			CONTRIBUTION

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 322

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Allen Warren

Mailing Address 1805 Tierney Dr

City State Zip Code  
Hastings MN 55033-8538

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
OFFICE MANAGER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.41

Amount of Each Receipt this Period

25.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
MR. RAY WASHBURNE

Mailing Address 3809 GILLON

City State Zip Code  
DALLAS TX 75205

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

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2726.84

Date of Receipt

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

Transaction ID: SA11.8737

Amount of Each Receipt this Period

2726.84

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT BRIAN WATSON

Mailing Address 2601 EAST GARDEN LANE

City State Zip Code  
GREENWOOD VILLAGE CO 80121-1602

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

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE INVESTMENT MANAGER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

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

Transaction ID: SA11.4791

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

5251.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 322
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Webb	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3009 Chandler Court	<b>Transaction ID:</b> SA11COND.18
	City State Zip Code Burnsville MN 55337-1013	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b> H6MN06074	<b>EARMARKED FOR MICHELE BACHMANN</b>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. CHARLES M. WEBSTER, JR.	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 365 BERGAMOT DRIVE	<b>Transaction ID:</b> SA11.5652
	City State Zip Code MEDINA MN 55340-9230	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. KARIN S. WEBSTER	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 365 BERGAMOT DRIVE	<b>Transaction ID:</b> SA11.5653
	City State Zip Code MEDINA MN 55340-9230	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. MARTIN WELLINGTON

Mailing Address 130 MONTALVA ROAD

City State Zip Code  
REDWOOD CITY CA 94062-3821

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

Name of Employer Occupation  
DAVIS, POLK & WORDWALL LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2010

Transaction ID: SA11.8008

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. JOAN W. WENDT

Mailing Address 200 S. BRENTWOOD BLVD.  
APARTMENT 21D

City State Zip Code  
CLAYTON MO 63105-1634

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 ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: SA11.5122

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. LISA WENDT

Mailing Address 1 MUIR LOOP

City State Zip Code  
SAN FRANCISCO CA 94129-1123

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

Name of Employer Occupation  
WR HAMBRECHT & CO. FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: SA11.5120

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 322  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
KELLIE L. WESTERBUHR

Mailing Address 10043 PILGRIM WAY

City State Zip Code  
MAPLE GROVE MN 55369-3551

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

Name of Employer Occupation  
US FOOD AND DRUG ADMIN. CONSUMER SAFETY OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2010

Transaction ID: SA11.5742

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth Westin

Mailing Address 1902 20th Ave

City State Zip Code  
Two Harbors MN 55616-1845

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS DESIGN ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: SA11COND.11

Amount of Each Receipt this Period  
50.00

EARMARKED FOR MICHELE BACHMANN

**C.**

Full Name (Last, First, Middle Initial)  
Linda Westlie

Mailing Address 16281 Baseline Ave

City State Zip Code  
Shakopee MN 55379-9102

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: SA11COND.23

Amount of Each Receipt this Period  
100.00

EARMARKED FOR MICHELE BACHMANN

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

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

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

FOR LINE NUMBER: PAGE 147 / 322  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
DR. JAMES H. WHITAKER  
 Mailing Address 2201 ARNO ROAD  
 City State Zip Code  
 SHAWNEE MISSION KS 66208-2250  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 3 / 2 0 1 0  
**Transaction ID:** SA11.6112  
 Amount of Each Receipt this Period  
 250.00  
**CONTRIBUTION**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 K.C.B.J. ORTHOPEDIC SURGEON  
 Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR. BENSON K. WHITNEY  
 Mailing Address 2767 ITASCA AVENUE S.  
 City State Zip Code  
 ST. MARYS POINT MN 55043-9740  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 1 0  
**Transaction ID:** SA11.7916  
 Amount of Each Receipt this Period  
 5000.00  
**CONTRIBUTION**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED RETIRED  
 Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

**C.** Full Name (Last, First, Middle Initial)  
MR. K. CRAIG WILDFANG  
 Mailing Address 18397 NICKLAUS WAY  
 City State Zip Code  
 EDEN PRAIRIE MN 55347-3440  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 1 0  
**Transaction ID:** SA11.5699  
 Amount of Each Receipt this Period  
 1000.00  
**CONTRIBUTION**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ROBINS, KAPLAN, MILLER, CIRESI L.L.C. INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL WILHELM

Mailing Address 9307 WOODRIDGE CIRCLE

City SAVAGE State MN Zip Code 55378-3153

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

Name of Employer ZELLAR REALTY Occupation COMMERCIAL REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2010

Transaction ID: SA11.7385

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS WILHELMY

Mailing Address 1017 WINDWOOD CT

City MENDOTA HEIGHTS State MN Zip Code 55118-4243

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

Name of Employer FREDERICKSON AND BRYON Occupation LAWYER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2010

Transaction ID: SA11.5109

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
Dave Willadsen

Mailing Address 2325 Melody Hill

City Excelsior State MN Zip Code 55331-8894

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt 04 / 30 / 2010

Transaction ID: SA11COND.33

Amount of Each Receipt this Period 10.00

EARMARKED FOR MICHELE BACHMANN

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 510.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. KERI WILLIAMS

Mailing Address 2018 VIOLET STREET

City State Zip Code  
GLENVIEW IL 60026

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

Name of Employer Occupation  
STONETURN GROUP FORENSIC CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11.5694

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. DIANE B. WILSEY

Mailing Address 2532 PINE STREET

City State Zip Code  
SAN FRANCISCO CA 94115-2610

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

Name of Employer Occupation  
A. WILSEY PROPERTIES SELF-EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11.8005

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. BARRY WINSLOW

Mailing Address 200 LAKE ST E

City State Zip Code  
WAYZATA MN 55391-1690

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

Name of Employer Occupation  
TCF FINANCIAL CORP VICE CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11.4999

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 322  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Susan Wolney

Mailing Address 4300 Rice Street

City State Zip Code  
Saint Paul MN 55126-6254

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation OWNER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: SA11COND.25

Amount of Each Receipt this Period  
50.00

EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
MR. TEDDY WONG

Mailing Address 3063 LITTLE BAY ROAD

City State Zip Code  
ROSEVILLE MN 55113-2112

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

Transaction ID: SA11.6999

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. TEDDY WONG

Mailing Address 3063 LITTLE BAY ROAD

City State Zip Code  
ROSEVILLE MN 55113-2112

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11.8384

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
LT. GOV. CORINNE WOOD

Mailing Address 191 N. MAYFLOWER ROAD

City State Zip Code  
LAKE FOREST IL 60045-2422

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2010

Transaction ID: SA11.8135

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. LINDA WOODSMALL

Mailing Address 5650 HIGH DRIVE

City State Zip Code  
MISSION HILLS KS 66208

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 ▼ 351.73

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2010

Transaction ID: SA11.8752

Amount of Each Receipt this Period  
351.73

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**C.**

Full Name (Last, First, Middle Initial)  
MR. PETE WOODSMALL

Mailing Address 5650 HIGH DRIVE

City State Zip Code  
MISSION HILLS KS 66208

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

Name of Employer Occupation  
SELF-EMPLOYED INVESTMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.73

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2010

Transaction ID: SA11.8751

Amount of Each Receipt this Period  
351.73

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1703.46**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 322  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. H. TAYLOR WRIGHT

Mailing Address 25 DORCHESTER ROAD

City State Zip Code  
SUMMIT NJ 07901-3005

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

Name of Employer Occupation  
MORGAN STANLEY MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2010

Transaction ID: SA11.7988

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. ROGER D. YOUNG

Mailing Address 219 GUILFORD ROAD

City State Zip Code  
BLOOMFIELD HILLS MI 48304-2738

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: SA11.6559

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. KAROLYN ZURN

Mailing Address 18629 COUNTY HIGHWAY 14

City State Zip Code  
CALLAWAY MN 56521-9683

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

Name of Employer Occupation  
SELF FARMER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

Transaction ID: SA11.7335

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5550.00

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



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

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

FOR LINE NUMBER: PAGE 153 / 322  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. KAROLYN ZURN

Mailing Address 18629 COUNTY HIGHWAY 14

City State Zip Code  
CALLAWAY MN 56521-9683

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

Name of Employer Occupation  
SELF FARMER

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 / 3 0 / 2 0 1 0

Transaction ID: SA11.8235

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
RIVER'S END TRADING COMPANY L.L.C.

Mailing Address 415 ELEVENTH AVENUE S.

City State Zip Code  
HOPKINS MN 55343-7843

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11.5721

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

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

5200.00

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

597252.51

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

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

FOR LINE NUMBER: PAGE 154 / 322

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
BNSF RAILPAC

Mailing Address P.O. BOX 961039

City State Zip Code  
FORT WORTH TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11.8217

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
BOEING POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD.

City State Zip Code  
ARLINGTON VA 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 07 / 2010

Transaction ID: SA11.6057

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DORSEY NATIONAL FUND

Mailing Address 50 SOUTH SIXTH STREET  
SUITE 1500

City State Zip Code  
MINNEAPOLIS MN 55402-1498

FEC ID number of contributing federal political committee. **C** C00018945

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 01 / 2010

Transaction ID: SA11.7102

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

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

12500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 155 / 322

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
LINCOLN CLUB OF NORTHERN CALIFORNIA

Mailing Address 20 PARK ROAD  
SUITE E.

City State Zip Code  
BURLINGAME CA 94010

FEC ID number of contributing federal political committee. **C** C00148882

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
65.00

Date of Receipt

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

Transaction ID: SA11.8740

Amount of Each Receipt this Period

65.00

CONTRIBUTION

IN-KIND: STAFF TIME

**B.**

Full Name (Last, First, Middle Initial)  
OHIO NATIONAL FINANCIAL SERVICES INC. PAC

Mailing Address 1 FINANCIAL WAY

City State Zip Code  
CINCINNATI OH 45242-5851

FEC ID number of contributing federal political committee. **C** C00296657

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: SA11.7101

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
VALUPAC

Mailing Address P.O. BOX 990  
SUPEVALU INC.

City State Zip Code  
MINNEAPOLIS MN 55440-0990

FEC ID number of contributing federal political committee. **C** C00243220

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11.7855

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

4565.00

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

17065.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 322  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
DUFFY FOR CONGRESS

Mailing Address PO BOX 186

City ASHLAND State WI Zip Code 54806

FEC ID number of contributing federal political committee. **C** C00464339

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1387.00

Date of Receipt: 06 / 28 / 2010  
**Transaction ID: SA15.5**  
Amount of Each Receipt this Period: 1387.00  
REIMBURSEMENT- TRAVEL

**B.** Full Name (Last, First, Middle Initial)  
LAKE COUNTY REPUBLICAN FEDERATION

Mailing Address 320 PETERSON RD

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.53

Date of Receipt: 06 / 22 / 2010  
**Transaction ID: SA15.3**  
Amount of Each Receipt this Period: 218.53  
REIMBURSEMENT- TRAVEL

**C.** Full Name (Last, First, Middle Initial)  
REPUBLICAN GOVERNORS ASSOCIATION

Mailing Address 1747 PENNSYLVANIA AVE NW STE 250

City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2666.03

Date of Receipt: 06 / 24 / 2010  
**Transaction ID: SA15.4**  
Amount of Each Receipt this Period: 2666.03  
REIMBURSEMENT- TRAVEL

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4271.56
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4271.56

# 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 157 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
AMY J BURGGRAF

Transaction ID: SB21.161  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
STIPEND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
AMY J BURGGRAF

Transaction ID: SB21.71  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
STIPEND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
AMY J BURGGRAF

Transaction ID: SB21.74  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
STIPEND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

**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 158 / 322

<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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
AMY J BURGGRAF

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement  
STIPEND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.76  
Date of Disbursement

06 / 11 / 2010

Amount of Each Disbursement this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
AMY J BURGGRAF

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement  
STIPEND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.78  
Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
AMY J BURGGRAF

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement  
STIPEND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.80  
Date of Disbursement

06 / 25 / 2010

Amount of Each Disbursement this Period

200.00

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

600.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 159 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
CAITLIN DUNN

Transaction ID: SB21.104  
Date of Disbursement

Mailing Address PO BOX 9190

/  /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
CAITLIN DUNN

Transaction ID: SB21.167  
Date of Disbursement

Mailing Address PO BOX 9190

/  /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
CAITLIN DUNN

Transaction ID: SB21.92  
Date of Disbursement

Mailing Address PO BOX 9190

/  /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

**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 160 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.98
	Mailing Address PO BOX 9190	Date of Disbursement 05 / 28 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 2258.89
	Purpose of Disbursement PAYROLL	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:	

B.	Full Name (Last, First, Middle Initial) MICHAEL FREY	Transaction ID: SB21.55
	Mailing Address 601 CARLSON PKWY STE 200	Date of Disbursement 05 / 17 / 2010
	City MINNETONKA State MN Zip Code 55305	Amount of Each Disbursement this Period 170.54
	Purpose of Disbursement FOOD/BEVERAGES	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:	

C.	Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.105
	Mailing Address PO BOX 9190	Date of Disbursement 06 / 25 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 6464.46
	Purpose of Disbursement PAYROLL	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8893.89
<b>TOTAL</b> 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 161 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.93
	Mailing Address PO BOX 9190	Date of Disbursement 04 / 30 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 6464.46
	Purpose of Disbursement PAYROLL 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) ▼

B.	Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.99
	Mailing Address PO BOX 9190	Date of Disbursement 05 / 28 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 6464.46
	Purpose of Disbursement PAYROLL 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) ▼

C.	Full Name (Last, First, Middle Initial) TRISHA HAMM	Transaction ID: SB21.100
	Mailing Address PO BOX 9190	Date of Disbursement 05 / 28 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 4025.55
	Purpose of Disbursement PAYROLL 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) ▼

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

16954.47

**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 162 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) TRISHA HAMM	Transaction ID: SB21.106
	Mailing Address PO BOX 9190	Date of Disbursement 06 / 25 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 4025.55
	Purpose of Disbursement PAYROLL 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) ▼

B.	Full Name (Last, First, Middle Initial) TRISHA HAMM	Transaction ID: SB21.163
	Mailing Address PO BOX 9190	Date of Disbursement 04 / 07 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 233.00
	Purpose of Disbursement TRAVEL 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) ▼

C.	Full Name (Last, First, Middle Initial) TRISHA HAMM	Transaction ID: SB21.169
	Mailing Address PO BOX 9190	Date of Disbursement 05 / 17 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 385.00
	Purpose of Disbursement TRAVEL 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4643.55
<b>TOTAL</b> 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 163 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) TRISHA HAMM	Transaction ID: SB21.176
	Mailing Address PO BOX 9190	Date of Disbursement MM / DD / YYYY 06 / 25 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 435.00
	Purpose of Disbursement TRAVEL	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:	

B.	Full Name (Last, First, Middle Initial) TRISHA HAMM	Transaction ID: SB21.94
	Mailing Address PO BOX 9190	Date of Disbursement MM / DD / YYYY 04 / 30 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 4025.55
	Purpose of Disbursement PAYROLL	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:	

C.	Full Name (Last, First, Middle Initial) MR. MIKE HASSLINGER	Transaction ID: SA11A.8738
	Mailing Address 709 HAVENHILL ROAD	Date of Disbursement MM / DD / YYYY 06 / 01 / 2010
	City EAGAN State MN Zip Code 55123-1660	Amount of Each Disbursement this Period 217.70
	Purpose of Disbursement IN-KIND CONTRIBUTION	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4678.25
<b>TOTAL</b> 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 164 / 322

<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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) LANCE HENDERSON</p> <p>Mailing Address PO BOX 9190</p> <p>City ST PAUL State MN Zip Code 55109</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.166</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 223.76</p> <p>IN-KIND CONTRIBUTION FOR WASHINGTON STATE REPUBLICAN PARTY - DETAILED ON LINE 23</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BRIAN HOOK</p> <p>Mailing Address PO BOX 9190</p> <p>City ST PAUL State MN Zip Code 55109</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.173</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1278.85</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ANN KELLY</p> <p>Mailing Address PO BOX 9190</p> <p>City ST PAUL State MN Zip Code 55109</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.101</p> <p>Date of Disbursement 05 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 3135.51</p>

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

4638.12

**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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
ANN KELLY

Transaction ID: SB21.107  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
ANN KELLY

Transaction ID: SB21.170  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ANN KELLY

Transaction ID: SB21.95  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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 166 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
MR. CORY LAGERSTROM

Transaction ID: SA11A.8745  
Date of Disbursement

Mailing Address 6630 RAINBOW

/   /

City MISSION HILLS State KS Zip Code 66208-1968

Amount of Each Disbursement this Period

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

IN-KIND: FOOD AND BEVERAGE

State: District:

B.

Full Name (Last, First, Middle Initial)  
MRS. JULIANNE LAGERSTROM

Transaction ID: SA11A.8746  
Date of Disbursement

Mailing Address 6630 RAINBOW

/   /

City MISSION HILLS State KS Zip Code 66208-1968

Amount of Each Disbursement this Period

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

IN-KIND: FOOD AND BEVERAGE

State: District:

C.

Full Name (Last, First, Middle Initial)  
MR. CHARLES MILLER

Transaction ID: SA11A.8736  
Date of Disbursement

Mailing Address 121 N. POST OAD LANE #2606

/   /

City HOUSTON State TX Zip Code 77024-7714

Amount of Each Disbursement this Period

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

IN-KIND: FOOD AND BEVERAGE

State: District:

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

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 167 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
MR. DAVID MINKKINEN

Transaction ID: SA11A.8739  
Date of Disbursement

Mailing Address 50 SOUTH 6TH STREET  
SUITE 2800

06 / 01 / 2010

City MINNEAPOLIS State MN Zip Code 55402-1550

Amount of Each Disbursement this Period

Purpose of Disbursement  
IN-KIND CONTRIBUTION

931.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

IN-KIND: FOOD AND BEVERAGE

State: District:

B.

Full Name (Last, First, Middle Initial)  
BONNIE MOE

Transaction ID: SA11A.8735  
Date of Disbursement

Mailing Address 140 ATHERTON AVE.

06 / 15 / 2010

City ATHERTON State CA Zip Code 94027-4021

Amount of Each Disbursement this Period

Purpose of Disbursement  
IN-KIND CONTRIBUTION

4200.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

IN-KIND: FOOD AND BEVERAGE

State: District:

C.

Full Name (Last, First, Middle Initial)  
MRS. CINDY MURRAY

Transaction ID: SA11A.8748  
Date of Disbursement

Mailing Address 1015 E. 1296 ROAD

05 / 06 / 2010

City LAWRENCE State KS Zip Code 66047-9464

Amount of Each Disbursement this Period

Purpose of Disbursement  
IN-KIND CONTRIBUTION

351.73

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

IN-KIND: FOOD AND BEVERAGE

State: District:

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

5482.73

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 168 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. TOM MURRAY	Transaction ID: SA11A.8747 Date of Disbursement 05 / 06 / 2010
	Mailing Address 1015 E. 1296 ROAD	
	City LAWRENCE State KS Zip Code 66047-9464	Amount of Each Disbursement this Period 351.73
	Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name	IN-KIND: FOOD AND BEVERAGE
	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) ▼	

B.	Full Name (Last, First, Middle Initial) RICHARD NELSON	Transaction ID: SB21.53 Date of Disbursement 06 / 22 / 2010
	Mailing Address 1975 PORTLAND AVE	
	City ST PAUL State MN Zip Code 55104	Amount of Each Disbursement this Period 5500.00
	Purpose of Disbursement FINANCE CONSULTING 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) ▼	

C.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.72 Date of Disbursement 05 / 28 / 2010
	Mailing Address PO BOX 9190	
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement STIPEND 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6051.73</b>
<b>TOTAL</b> 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 169 / 322

<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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR</p> <p>Mailing Address PO BOX 9190</p> <p>City ST PAUL State MN Zip Code 55109</p> <p>Purpose of Disbursement STIPEND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.73</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR</p> <p>Mailing Address PO BOX 9190</p> <p>City ST PAUL State MN Zip Code 55109</p> <p>Purpose of Disbursement STIPEND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.75</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR</p> <p>Mailing Address PO BOX 9190</p> <p>City ST PAUL State MN Zip Code 55109</p> <p>Purpose of Disbursement STIPEND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.77</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="600.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

**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 170 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.79
	Mailing Address PO BOX 9190	Date of Disbursement 06 / 25 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement STIPEND	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:	

B.	Full Name (Last, First, Middle Initial) MRS. BARBARA PACE	Transaction ID: SA11A.8749
	Mailing Address 6420 WANONGA TERRACE	Date of Disbursement 05 / 06 / 2010
	City MISSION HILLS State KS Zip Code 66208-1732	Amount of Each Disbursement this Period 351.73
	Purpose of Disbursement IN-KIND CONTRIBUTION	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:	IN-KIND: FOOD AND BEVERAGE

C.	Full Name (Last, First, Middle Initial) MR. JAMES P. PACE	Transaction ID: SA11A.8742
	Mailing Address 6420 WENONGA TERRACE	Date of Disbursement 05 / 06 / 2010
	City MISSION HILLS State KS Zip Code 66208-1732	Amount of Each Disbursement this Period 351.73
	Purpose of Disbursement IN-KIND CONTRIBUTION	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:	IN-KIND: FOOD AND BEVERAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	903.46
<b>TOTAL</b> 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 171 / 322

<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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) MRS. LIZ PENDELTON</p> <p>Mailing Address 6444 INDIAN LANE</p> <p>City MISSION HILLS State KS Zip Code 66208-1716</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SA11A.8750 <b>Date of Disbursement:</b> 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 351.73</p> <p>IN-KIND: FOOD AND BEVERAGE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DR. BRUCE PENDLETON</p> <p>Mailing Address 6444 INDIAN LANE</p> <p>City MISSION HILLS State KS Zip Code 66208-1716</p> <p>Purpose of Disbursement IN-KIND CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SA11A.8741 <b>Date of Disbursement:</b> 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 351.73</p> <p>IN-KIND: FOOD AND BEVERAGE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) REINCE PRIEBUS</p> <p>Mailing Address PO BOX 9190</p> <p>City ST PAUL State MN Zip Code 55109</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.171 <b>Date of Disbursement:</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 737.60</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1441.06</b>
<b>TOTAL</b> 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. JOHN H. ROBINSON, JR.	Transaction ID: SA11A.8743 Date of Disbursement 05 / 06 / 2010
	Mailing Address 121 W. 48TH STREET NO. 1006	Amount of Each Disbursement this Period 564.83
	City KANSAS CITY State MO Zip Code 64112-3860	
	Purpose of Disbursement IN-KIND CONTRIBUTION 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) ▼
		IN KIND: FOOD AND BEVERAGE

B.	Full Name (Last, First, Middle Initial) MRS. KYLE ROBINSON	Transaction ID: SA11A.8744 Date of Disbursement 05 / 06 / 2010
	Mailing Address 121 W. 48TH STREET #1006	Amount of Each Disbursement this Period 564.84
	City KANSAS CITY State MO Zip Code 64112-3860	
	Purpose of Disbursement IN-KIND CONTRIBUTION 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) ▼
		IN-KIND: FOOD & BEVERAGE

C.	Full Name (Last, First, Middle Initial) RON SCHUTZ	Transaction ID: SB21.56 Date of Disbursement 06 / 22 / 2010
	Mailing Address 865 NAVAJO ROAD WEST	Amount of Each Disbursement this Period 1589.70
	City MEDINA State MN Zip Code 55340	
	Purpose of Disbursement FOOD/BEVERAGES 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2719.37
<b>TOTAL</b> 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 173 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ELISE STEFANIK	Transaction ID: SB21.102
	Mailing Address PO BOX 9190	Date of Disbursement 05 / 28 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 3380.71
	Purpose of Disbursement PAYROLL	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) ▼

B.	Full Name (Last, First, Middle Initial) ELISE STEFANIK	Transaction ID: SB21.108
	Mailing Address PO BOX 9190	Date of Disbursement 06 / 25 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 3380.71
	Purpose of Disbursement PAYROLL	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) ▼

C.	Full Name (Last, First, Middle Initial) ELISE STEFANIK	Transaction ID: SB21.128
	Mailing Address PO BOX 9190	Date of Disbursement 06 / 14 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 119.41
	Purpose of Disbursement PHONE SERVICE	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) ..... ▶

6880.83

**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 174 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ELISE STEFANIK	Transaction ID: SB21.96 Date of Disbursement 04 / 30 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 3021.06
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement PAYROLL 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) ▼

B.	Full Name (Last, First, Middle Initial) DON STILES	Transaction ID: SB21.103 Date of Disbursement 05 / 28 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 3255.02
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement PAYROLL 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) ▼

C.	Full Name (Last, First, Middle Initial) DON STILES	Transaction ID: SB21.109 Date of Disbursement 06 / 25 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 3255.02
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement PAYROLL 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9531.10
<b>TOTAL</b> 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 175 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DON STILES	Transaction ID: SB21.172
	Mailing Address PO BOX 9190	Date of Disbursement 05 / 24 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 551.00
	Purpose of Disbursement TRAVEL	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) ▼

B.	Full Name (Last, First, Middle Initial) DON STILES	Transaction ID: SB21.97
	Mailing Address PO BOX 9190	Date of Disbursement 04 / 30 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 3255.02
	Purpose of Disbursement PAYROLL	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) ▼

C.	Full Name (Last, First, Middle Initial) MR. RAY WASHBURNE	Transaction ID: SA11A.8737
	Mailing Address 3809 GILLON	Date of Disbursement 06 / 02 / 2010
	City DALLAS State TX Zip Code 75205-3114	Amount of Each Disbursement this Period 2726.84
	Purpose of Disbursement IN-KIND CONTRIBUTION	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6532.86
<b>TOTAL</b> 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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
MRS. LINDA WOODSMALL

Transaction ID: SA11A.8752  
Date of Disbursement

Mailing Address 5650 HIGH DRIVE

/   /

City MISSION HILLS State KS Zip Code 66208-1123

Amount of Each Disbursement this Period

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

IN-KIND: FOOD AND BEVERAGE

State: District:

B.

Full Name (Last, First, Middle Initial)  
MR. PETE WOODSMALL

Transaction ID: SA11A.8751  
Date of Disbursement

Mailing Address 5650 HIGH DRIVE

/   /

City MISSION HILLS State KS Zip Code 66208-1123

Amount of Each Disbursement this Period

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

IN-KIND: FOOD AND BEVERAGE

State: District:

C.

Full Name (Last, First, Middle Initial)  
AIR PARTNER INC

Transaction ID: SB21.178  
Date of Disbursement

Mailing Address 1101 30TH ST NW

/   /

City WASHINGTON State DC Zip Code 20007

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

**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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ALERUS CENTER	Transaction ID: SB21.42 Date of Disbursement 04 / 17 / 2010
	Mailing Address 1200 42ND STREET SOUTH	Amount of Each Disbursement this Period 175.43
	City GRAND FORKS State ND Zip Code 58201	
	Purpose of Disbursement FACILITY RENTAL	
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21.14 Date of Disbursement 05 / 05 / 2010
	Mailing Address PO BOX 1270	Amount of Each Disbursement this Period 492.60
	City NEWARK State NJ Zip Code 07101	
	Purpose of Disbursement BANK FEES	
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21.17 Date of Disbursement 05 / 05 / 2010
	Mailing Address PO BOX 1270	Amount of Each Disbursement this Period 35.90
	City NEWARK State NJ Zip Code 07101	
	Purpose of Disbursement BANK FEES	
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	703.93
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21.25
	Mailing Address PO BOX 1270	Date of Disbursement 06 / 07 / 2010
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 0.54
	Purpose of Disbursement CC MERCHANT FEES	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) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21.26
	Mailing Address PO BOX 1270	Date of Disbursement 06 / 14 / 2010
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 3.00
	Purpose of Disbursement CC MERCHANT FEES	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) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21.3
	Mailing Address PO BOX 1270	Date of Disbursement 04 / 05 / 2010
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 788.45
	Purpose of Disbursement BANK FEES	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>791.99</b>
<b>TOTAL</b> 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 179 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21.5
	Mailing Address PO BOX 1270	Date of Disbursement MM / DD / YYYY 06 / 07 / 2010
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 644.30
	Purpose of Disbursement BANK FEES 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:	Category/Type

B.	Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	Transaction ID: SB21.164
	Mailing Address 251 H ST NW	Date of Disbursement MM / DD / YYYY 04 / 21 / 2010
	City WSAHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 1102.45
	Purpose of Disbursement TRAVEL 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:	Category/Type

C.	Full Name (Last, First, Middle Initial) ASCENT MEDIA	Transaction ID: SB21.87
	Mailing Address DEPARTMENT 2146	Date of Disbursement MM / DD / YYYY 04 / 07 / 2010
	City LOS ANGELES State CA Zip Code 90084	Amount of Each Disbursement this Period 1023.86
	Purpose of Disbursement MEDIA 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:	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2770.61
<b>TOTAL</b> 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 180 / 322

<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address 300 SOUTH WASHINGTON ST City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement BANK FEES 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) ▼	<b>Transaction ID:</b> SB21.10 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 10.00
<b>B.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address 300 SOUTH WASHINGTON ST City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement BANK FEES 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) ▼	<b>Transaction ID:</b> SB21.12 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 113.50
<b>C.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address 300 SOUTH WASHINGTON ST City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement BANK FEES 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) ▼	<b>Transaction ID:</b> SB21.15 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 112.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>235.50</b>
<b>TOTAL</b> 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 181 / 322

<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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BB&amp;T</p> <p>Mailing Address 300 SOUTH WASHINGTON ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.6</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 361.50</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BB&amp;T</p> <p>Mailing Address 300 SOUTH WASHINGTON ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.7</p> <p>Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 35.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BB&amp;T VISA BUSINESS CARD</p> <p>Mailing Address PO BOX 24747</p> <p>City TAMPA State FL Zip Code 33623</p> <p>Purpose of Disbursement CREDIT CARD PAYMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCP.1</p> <p>Date of Disbursement 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 14678.28</p>

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

15074.78

**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 182 / 322

<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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AIRTRAN</p> <p>Mailing Address 9955 AIRTRAN BLVD</p> <p>City ORLANDO State FL Zip Code 32827</p> <p>Purpose of Disbursement CREDIT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCC.5</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-279.90</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AIRTRAN</p> <p>Mailing Address 9955 AIRTRAN BLVD</p> <p>City ORLANDO State FL Zip Code 32827</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.44</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">343.40</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AIRTRAN</p> <p>Mailing Address 9955 AIRTRAN BLVD</p> <p>City ORLANDO State FL Zip Code 32827</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.54</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">631.80</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 183 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21CCD.28 Date of Disbursement 04 / 09 / 2010
	Mailing Address ONE AT&T PLAZA	Amount of Each Disbursement this Period 107.78
	City DALLAS State TX Zip Code 75202	
	Purpose of Disbursement PHONE SERVICE	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21CCD.31 Date of Disbursement 04 / 09 / 2010
	Mailing Address ONE AT&T PLAZA	Amount of Each Disbursement this Period 159.07
	City DALLAS State TX Zip Code 75202	
	Purpose of Disbursement PHONE SERVICE	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) BEST BUY	Transaction ID: SB21CCD.33 Date of Disbursement 04 / 09 / 2010
	Mailing Address 7601 PENN AVE S	Amount of Each Disbursement this Period 178.09
	City RICHFIELD State MN Zip Code 55423	
	Purpose of Disbursement EQUIPMENT PURCHASE	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
**BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21CCD.57  
Date of Disbursement 04 / 09 / 2010

Amount of Each Disbursement this Period 788.99

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**CAREY INTERNATIONAL INC**

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21CCD.34  
Date of Disbursement 04 / 09 / 2010

Amount of Each Disbursement this Period 185.57

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**CAREY INTERNATIONAL INC**

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21CCD.42  
Date of Disbursement 04 / 09 / 2010

Amount of Each Disbursement this Period 275.72

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 185 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) CAREY INTERNATIONAL INC Mailing Address 4530 WISCONSIN AVE NW City WASHINGTON State DC Zip Code 20016 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.47 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 404.91 [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) CHARLIE PALMER STEAK Mailing Address 101 CONSTITUTION AVE NW City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement FOOD/BEVERAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.25 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 70.17 [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) CVS Mailing Address 1 CVS DR City WOONSOCKET State RI Zip Code 92895 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.16 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 40.24 [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) CVS Mailing Address 1 CVS DR City WOONSOCKET State RI Zip Code 92895 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.18 Date of Disbursement 04 / 09 / 2010
	Amount of Each Disbursement this Period 44.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) CVS Mailing Address 1 CVS DR City WOONSOCKET State RI Zip Code 92895 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.19 Date of Disbursement 04 / 09 / 2010
	Amount of Each Disbursement this Period 44.00 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) CVS Mailing Address 1 CVS DR City WOONSOCKET State RI Zip Code 92895 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.8 Date of Disbursement 04 / 09 / 2010
	Amount of Each Disbursement this Period 18.57 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 187 / 322

<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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES</p> <p>Mailing Address PO BOX 20706</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement CREDIT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCC.1</p> <p>Date of Disbursement 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period -1040.40</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES</p> <p>Mailing Address PO BOX 20706</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement CREDIT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCC.3</p> <p>Date of Disbursement 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period -729.70</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES</p> <p>Mailing Address PO BOX 20706</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement CREDIT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCC.4</p> <p>Date of Disbursement 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period -465.00</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 188 / 322

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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCC.6 Date of Disbursement 04 / 09 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period -10.00
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement CREDIT	
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.30 Date of Disbursement 04 / 09 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 149.00
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.37 Date of Disbursement 04 / 09 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 230.70
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 189 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.49 Date of Disbursement
	Mailing Address PO BOX 20706	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="482.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.50 Date of Disbursement
	Mailing Address PO BOX 20706	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="491.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.55 Date of Disbursement
	Mailing Address PO BOX 20706	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="729.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

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 190 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.58 Date of Disbursement 04 / 09 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 817.70
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.61 Date of Disbursement 04 / 09 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 939.70
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.62 Date of Disbursement 04 / 09 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 1040.40
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 191 / 322

<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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.63  
Date of Disbursement: 04 / 09 / 2010

Amount of Each Disbursement this Period: 1411.40

Category/Type

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.9  
Date of Disbursement: 04 / 09 / 2010

Amount of Each Disbursement this Period: 20.00

Category/Type

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
EXPEDIA

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.12  
Date of Disbursement: 04 / 09 / 2010

Amount of Each Disbursement this Period: 27.00

Category/Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 192 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.1 Date of Disbursement 04 / 09 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 3.21
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.10 Date of Disbursement 04 / 09 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 22.47
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.11 Date of Disbursement 04 / 09 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 22.68
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 193 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.14 Date of Disbursement 04 / 09 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 39.88
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.15 Date of Disbursement 04 / 09 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 39.88
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.17 Date of Disbursement 04 / 09 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 43.77
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 194 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.20 Date of Disbursement 04 / 09 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 49.75
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.24 Date of Disbursement 04 / 09 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 63.80
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.3 Date of Disbursement 04 / 09 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 10.54
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 195 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) GODADDY	Transaction ID: SB21CCD.52
	Mailing Address 14455 N HAYDEN RD STE 219	Date of Disbursement MM / DD / YYYY 04 / 09 / 2010
	City SCOTTSDALE State AZ Zip Code 85260	Amount of Each Disbursement this Period 617.44
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) HAMPTON INNS & SUITES	Transaction ID: SB21CCD.35
	Mailing Address 7930 JONES BRANCH DR STE 1100	Date of Disbursement MM / DD / YYYY 04 / 09 / 2010
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 222.88
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) HAMPTON INNS & SUITES	Transaction ID: SB21CCD.36
	Mailing Address 7930 JONES BRANCH DR STE 1100	Date of Disbursement MM / DD / YYYY 04 / 09 / 2010
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 222.88
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 196 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) HYATT	Transaction ID: SB21CCD.2 Date of Disbursement 04 / 09 / 2010
	Mailing Address 71 S WACKER DR 12TH FL	Amount of Each Disbursement this Period 6.36
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL	
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HYATT	Transaction ID: SB21CCD.23 Date of Disbursement 04 / 09 / 2010
	Mailing Address 71 S WACKER DR 12TH FL	Amount of Each Disbursement this Period 61.66
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL	
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HYATT	Transaction ID: SB21CCD.4 Date of Disbursement 04 / 09 / 2010
	Mailing Address 71 S WACKER DR 12TH FL	Amount of Each Disbursement this Period 13.75
	City CHICAGO State IL Zip Code 60606	
	Purpose of Disbursement TRAVEL	
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 197 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) HYATT	Transaction ID: SB21CCD.41
	Mailing Address 71 S WACKER DR 12TH FL	Date of Disbursement 04 / 09 / 2010
	City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 275.63
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) HYATT	Transaction ID: SB21CCD.7
	Mailing Address 71 S WACKER DR 12TH FL	Date of Disbursement 04 / 09 / 2010
	City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 18.00
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) IKEA	Transaction ID: SB21CCD.60
	Mailing Address 1103 NORTH 22ND ST	Date of Disbursement 04 / 09 / 2010
	City TAMPA State FL Zip Code 33605	Amount of Each Disbursement this Period 938.00
	Purpose of Disbursement FURNITURE PURCHASE	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
J2 EFAX PLUS SERVICE

Transaction ID: SB21CCD.6  
Date of Disbursement

Mailing Address 6922 HOLLYWOOD BLVD 5TH FL

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	0

City State Zip Code  
LOS ANGELES CA 90028

Amount of Each Disbursement this Period

Purpose of Disbursement  
FAX SERVICE

Category/  
Type

16.95
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
KINKOS

Transaction ID: SB21CCD.38  
Date of Disbursement

Mailing Address 13155 NOEL RD STE 1600

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	0

City State Zip Code  
DALLAS TX 75240

Amount of Each Disbursement this Period

Purpose of Disbursement  
PRINTING

Category/  
Type

258.38
--------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
LA QUINTA INN

Transaction ID: SB21CCD.39  
Date of Disbursement

Mailing Address 909 HIDDEN RIDGE STE 600

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	0

City State Zip Code  
IRVING TX 75038

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Category/  
Type

261.80
--------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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**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 199 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) LAPLAYA BEACH RESORT	Transaction ID: SB21CCD.51
	Mailing Address 509 W 98TH ST	Date of Disbursement MM / DD / YYYY 04 / 09 / 2010
	City MINNEAPOLIS State MN Zip Code 55420	Amount of Each Disbursement this Period 537.90
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) LAPLAYA BEACH RESORT	Transaction ID: SB21CCD.53
	Mailing Address 509 W 98TH ST	Date of Disbursement MM / DD / YYYY 04 / 09 / 2010
	City MINNEAPOLIS State MN Zip Code 55420	Amount of Each Disbursement this Period 621.30
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) STAPLES	Transaction ID: SB21CCD.43
	Mailing Address 500 STAPLES DR	Date of Disbursement MM / DD / YYYY 04 / 09 / 2010
	City FRAMINGHAM State MA Zip Code 01702	Amount of Each Disbursement this Period 286.42
	Purpose of Disbursement OFFICE SUPPLIES	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 200 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) STAPLES	Transaction ID: SB21CCD.48 Date of Disbursement 04 / 09 / 2010
	Mailing Address 500 STAPLES DR	Amount of Each Disbursement this Period 476.64
	City FRAMINGHAM State MA Zip Code 01702	
	Purpose of Disbursement OFFICE SUPPLIES	
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) THE HAY ADAMS	Transaction ID: SB21CCD.26 Date of Disbursement 04 / 09 / 2010
	Mailing Address 800 16TH ST NW	Amount of Each Disbursement this Period 72.00
	City WASHINGTON State DC Zip Code 20006	
	Purpose of Disbursement TRAVEL	
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) TRUE VALUE	Transaction ID: SB21CCD.13 Date of Disbursement 04 / 09 / 2010
	Mailing Address 8600 WEST BRYN MAWR AVE	Amount of Each Disbursement this Period 37.07
	City CHICAGO State IL Zip Code 60631	
	Purpose of Disbursement OFFICE SUPPLIES	
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 201 / 322

<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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
TWIN CITIES AIRPORT TAXI

Mailing Address 5010 HILLSBORO AVE N

City NEW HOPE State MN Zip Code 55428

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.21  
Date of Disbursement 04 / 09 / 2010

Amount of Each Disbursement this Period 59.24

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
US AIRLINES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement CREDIT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCC.2  
Date of Disbursement 04 / 09 / 2010

Amount of Each Disbursement this Period -847.70

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
US AIRLINES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.27  
Date of Disbursement 04 / 09 / 2010

Amount of Each Disbursement this Period 104.70

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SB21CCD.32 Date of Disbursement 04 / 09 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 174.70
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SB21CCD.45 Date of Disbursement 04 / 09 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 379.70
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SB21CCD.46 Date of Disbursement 04 / 09 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 379.70
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 203 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SB21CCD.56 Date of Disbursement 04 / 09 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 759.40
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SB21CCD.59 Date of Disbursement 04 / 09 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 847.70
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21CCD.29 Date of Disbursement 04 / 09 / 2010
	Mailing Address 408 SAINT PETER ST	Amount of Each Disbursement this Period 132.00
	City SAINT PAUL State MN Zip Code 55102	
	Purpose of Disbursement POSTAGE	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address 408 SAINT PETER ST City SAINT PAUL State MN Zip Code 55102 Purpose of Disbursement POSTAGE 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: SB21CCD.40 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Category/ Type	Amount of Each Disbursement this Period 264.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address 408 SAINT PETER ST City SAINT PAUL State MN Zip Code 55102 Purpose of Disbursement POSTAGE 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: SB21CCD.5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Category/ Type	Amount of Each Disbursement this Period 16.79 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) YELLOW CAB Mailing Address 244 FIFTH AVE City NEW YORK State NY Zip Code 10001 Purpose of Disbursement TRAVEL 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: SB21CCD.22 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Category/ Type	Amount of Each Disbursement this Period 60.00 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 205 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BB&T VISA BUSINESS CARD	Transaction ID: SB21CCP.2 Date of Disbursement
	Mailing Address PO BOX 24747	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City TAMPA State FL Zip Code 33623	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD PAYMENT	<input type="text" value="15140.40"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	Transaction ID: SB21CCD.129 Date of Disbursement
	Mailing Address 4333 AMON CARTER BLVD	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City FT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="364.70"/>
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) AMTRAK	Transaction ID: SB21CCD.94 Date of Disbursement
	Mailing Address 60 MASSACHUSETTS AVE	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="41.00"/>
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15140.40"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 206 / 322

<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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) AMTRAK</p> <p>Mailing Address 60 MASSACHUSETTS AVE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.99</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 49.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address ONE AT&amp;T PLAZA</p> <p>City DALLAS State TX Zip Code 75202</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.118</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 138.09</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address ONE AT&amp;T PLAZA</p> <p>City DALLAS State TX Zip Code 75202</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.121</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 154.49</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 207 / 322

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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BEST WESTERN Mailing Address 6201 N 24 TH PARKWAY City PHOENIX State AZ Zip Code 85016 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.113 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 118.80 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) BEST WESTERN Mailing Address 6201 N 24 TH PARKWAY City PHOENIX State AZ Zip Code 85016 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.116 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 130.79 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) BRIOCHE DOREE Mailing Address 1 AVIATION CIRCLE City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement FOOD/BEVERAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.67 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 15.91 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 208 / 322

<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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CAREY INTERNATIONAL INC</p> <p>Mailing Address 4530 WISCONSIN AVE NW</p> <p>City WASHINGTON State DC Zip Code 20016</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.114</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="119.81"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CAREY INTERNATIONAL INC</p> <p>Mailing Address 4530 WISCONSIN AVE NW</p> <p>City WASHINGTON State DC Zip Code 20016</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.138</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="541.77"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CHAMPS</p> <p>Mailing Address 1551 N WATERFRONT PKWY STE 310</p> <p>City WICHITA State KS Zip Code 67206</p> <p>Purpose of Disbursement FOOD/BEVERAGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.105</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="62.63"/></p> <p><b>[MEMO ITEM]</b></p>

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

**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 209 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COSI INC Mailing Address 1751 LAKE-COOK RD STE 600 City DEERFIELD State IL Zip Code 60015 Purpose of Disbursement CATERING 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: SB21CCD.120 Date of Disbursement 05 / 07 / 2010 Amount of Each Disbursement this Period 147.30 [MEMO ITEM]
	Category/Type	

<b>B.</b> Full Name (Last, First, Middle Initial) COSI INC Mailing Address 1751 LAKE-COOK RD STE 600 City DEERFIELD State IL Zip Code 60015 Purpose of Disbursement FOOD/BEVERAGES 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: SB21CCD.73 Date of Disbursement 05 / 07 / 2010 Amount of Each Disbursement this Period 24.60 [MEMO ITEM]
	Category/Type	

<b>C.</b> Full Name (Last, First, Middle Initial) CVS Mailing Address 1 CVS DR City WOONSOCKET State RI Zip Code 92895 Purpose of Disbursement OFFICE SUPPLIES 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: SB21CCD.109 Date of Disbursement 05 / 07 / 2010 Amount of Each Disbursement this Period 93.65 [MEMO ITEM]
	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
CVS

Mailing Address 1 CVS DR

City WOODSOCKET State RI Zip Code 92895

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.64  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

8.48

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.110  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

93.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.124  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

190.40

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 211 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.130 Date of Disbursement
	Mailing Address PO BOX 20706	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="413.70"/>
	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) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.131 Date of Disbursement
	Mailing Address PO BOX 20706	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="415.70"/>
	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) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.132 Date of Disbursement
	Mailing Address PO BOX 20706	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="415.70"/>
	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) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 212 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.134
	Mailing Address PO BOX 20706	Date of Disbursement 05 / 07 / 2010
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period 460.70
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.135
	Mailing Address PO BOX 20706	Date of Disbursement 05 / 07 / 2010
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period 460.70
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.136
	Mailing Address PO BOX 20706	Date of Disbursement 05 / 07 / 2010
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period 460.70
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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) ..... ▶ 0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 213 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
DELTA AIRLINES

Transaction ID: SB21CCD.139  
Date of Disbursement

Mailing Address PO BOX 20706

/   /

City ATLANTA State GA Zip Code 30320

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
DELTA AIRLINES

Transaction ID: SB21CCD.140  
Date of Disbursement

Mailing Address PO BOX 20706

/   /

City ATLANTA State GA Zip Code 30320

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
DELTA AIRLINES

Transaction ID: SB21CCD.141  
Date of Disbursement

Mailing Address PO BOX 20706

/   /

City ATLANTA State GA Zip Code 30320

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

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

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 214 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.142 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 1066.40 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.143 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 1066.40 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.144 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 1168.40 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 215 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.77
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 29.83
	Purpose of Disbursement WEB SERVICE 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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.78
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement WEB SERVICE 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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.79
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 30.72
	Purpose of Disbursement WEB SERVICE 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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 216 / 322

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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.83
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 31.69
	Purpose of Disbursement WEB SERVICE 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) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.84
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 31.89
	Purpose of Disbursement WEB SERVICE 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) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.85
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 32.79
	Purpose of Disbursement WEB SERVICE 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) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 217 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.86
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 33.17
	Purpose of Disbursement WEB SERVICE Candidate Name	[MEMO ITEM]
	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) ▼	

B.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.87
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 34.05
	Purpose of Disbursement WEB SERVICE Candidate Name	[MEMO ITEM]
	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) ▼	

C.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.89
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 35.29
	Purpose of Disbursement WEB SERVICE Candidate Name	[MEMO ITEM]
	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 218 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.91
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 35.92
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.93
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 05 / 07 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 39.45
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) FAIRFILED INNS	Transaction ID: SB21CCD.123
	Mailing Address 10400 FERNWOOD RD	Date of Disbursement 05 / 07 / 2010
	City BETHESDA State MD Zip Code 20817	Amount of Each Disbursement this Period 171.40
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 219 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.101  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

49.59

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.117  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

136.42

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.70  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

20.76

[MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 220 / 322

<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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) FEDEX</p> <p>Mailing Address 942 SOUTH SHADY GROVE RD</p> <p>City MEMPHIS State TN Zip Code 38120</p> <p>Purpose of Disbursement DELIVERY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.72</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 22.90</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FEDEX</p> <p>Mailing Address 942 SOUTH SHADY GROVE RD</p> <p>City MEMPHIS State TN Zip Code 38120</p> <p>Purpose of Disbursement DELIVERY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.75</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 26.55</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FEDEX</p> <p>Mailing Address 942 SOUTH SHADY GROVE RD</p> <p>City MEMPHIS State TN Zip Code 38120</p> <p>Purpose of Disbursement DELIVERY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.76</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 27.54</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 221 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.82 Date of Disbursement 05 / 07 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 31.62
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.90 Date of Disbursement 05 / 07 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 35.90
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.92 Date of Disbursement 05 / 07 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 36.07
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 222 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.97 Date of Disbursement 05 / 07 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 43.43
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.98 Date of Disbursement 05 / 07 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 44.99
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) GOLDYS LOCKER ROOM	Transaction ID: SB21CCD.65 Date of Disbursement 05 / 07 / 2010
	Mailing Address 2009 UNIVERSITY AVE	Amount of Each Disbursement this Period 10.00
	City MIINEAPOLIS State MN Zip Code 55455	
	Purpose of Disbursement FOOD/BEVERAGES	
	Candidate Name	Category/Type
	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:	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) HARU</p> <p>Mailing Address 200 PARK AVE S</p> <p>City NEW YORK State NY Zip Code 10003</p> <p>Purpose of Disbursement FOOD/BEVERAGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.111 <b>Date of Disbursement:</b> 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 100.28</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HILTON HOTELS</p> <p>Mailing Address 7930 JONES BRANCH DR STE 1100</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.125 <b>Date of Disbursement:</b> 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 254.90</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HILTON SKYWATER CUISINE</p> <p>Mailing Address 1001 MARQUETTE AVE</p> <p>City MINNEAPOLIS State MN Zip Code 55403</p> <p>Purpose of Disbursement FOOD/BEVERAGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.100 <b>Date of Disbursement:</b> 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 49.43</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 224 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
HOLIDAY STATION STORE

Mailing Address PO BOX 1224

City MINNEAPOLIS State MN Zip Code 55440

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.66

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

11.69

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTEL

Mailing Address PO BOX 3321

City SALT LAKE CITY State UT Zip Code 84130

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.74

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

24.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
INTERCONTINENTAL HOTEL

Mailing Address PO BOX 3321

City SALT LAKE CITY State UT Zip Code 84130

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.80

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

30.85

[MEMO ITEM]

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

0.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 225 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) J2 EFAX PLUS SERVICE	Transaction ID: SB21CCD.68 Date of Disbursement 05 / 07 / 2010
	Mailing Address 6922 HOLLYWOOD BLVD 5TH FL	Amount of Each Disbursement this Period 16.95
	City LOS ANGELES State CA Zip Code 90028	
	Purpose of Disbursement FAX SERVICE	[MEMO ITEM]
	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) ▼	

B.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SB21CCD.115 Date of Disbursement 05 / 07 / 2010
	Mailing Address 10400 FERNWOOD RD	Amount of Each Disbursement this Period 122.08
	City BETHESDA State MD Zip Code 20817	
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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) ▼	

C.	Full Name (Last, First, Middle Initial) OFFICE MAX	Transaction ID: SB21CCD.102 Date of Disbursement 05 / 07 / 2010
	Mailing Address 263 SHUMAN BLVD	Amount of Each Disbursement this Period 51.17
	City NAPERVILLE State IL Zip Code 60563	
	Purpose of Disbursement OFFICE SUPPLIES	[MEMO ITEM]
	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 226 / 322

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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) OFFICE MAX	Transaction ID: SB21CCD.95 Date of Disbursement 05 / 07 / 2010
	Mailing Address 263 SHUMAN BLVD	Amount of Each Disbursement this Period 42.83
	City NAPERVILLE State IL Zip Code 60563	[MEMO ITEM]
	Purpose of Disbursement OFFICE SUPPLIES 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) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) QWEST	Transaction ID: SB21CCD.104 Date of Disbursement 05 / 07 / 2010
	Mailing Address 1801 CALIFORNIA ST	Amount of Each Disbursement this Period 57.23
	City DENVER State CO Zip Code 80202	[MEMO ITEM]
	Purpose of Disbursement UTILITIES 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) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) REAGAN NATIONAL AIRPORT	Transaction ID: SB21CCD.103 Date of Disbursement 05 / 07 / 2010
	Mailing Address 1 AVIATION CIRCLE	Amount of Each Disbursement this Period 56.00
	City WASHINGTON State DC Zip Code 20001	[MEMO ITEM]
	Purpose of Disbursement PARKING SERVICE 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) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 227 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SAWATDEE	Transaction ID: SB21CCD.112
	Mailing Address 486 ROBERT ST	Date of Disbursement 05 / 07 / 2010
	City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period 111.87
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) SBARROS	Transaction ID: SB21CCD.71
	Mailing Address 401 BROADHOLLOW RD	Date of Disbursement 05 / 07 / 2010
	City MELVILLE State NY Zip Code 11747	Amount of Each Disbursement this Period 21.62
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) SONOMA	Transaction ID: SB21CCD.107
	Mailing Address 223 PENNSYLVANIA AVE	Date of Disbursement 05 / 07 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 228 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.122  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

168.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.126  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

265.10

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.133  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

442.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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 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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) STAPLES</p> <p>Mailing Address 500 STAPLES DR</p> <p>City FRAMINGHAM State MA Zip Code 01702</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.119</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 146.02</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) TARGET</p> <p>Mailing Address 1000 NICOLLET MALL</p> <p>City MINNEAPOLIS State MN Zip Code 55440</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.69</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 19.49</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) THE YARD RESTAURANT</p> <p>Mailing Address 1211 S MAMMOTH RD</p> <p>City MANCHESTER State NH Zip Code 03109</p> <p>Purpose of Disbursement FOOD/BEVERAGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.106</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 67.33</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 230 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
US AIRLINES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.127  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

337.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
US AIRLINES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.137  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

534.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
W HOTEL

Mailing Address 515 15TH ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.81  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

31.40

[MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 231 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
W LIMOUSIMES INC

Mailing Address PO BOX 643

City ROSEMONT State IL Zip Code 60018

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.128  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

345.76

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
WESTIN

Mailing Address 1111 WESTCHESTER AVE

City WHITE PLAINS State NY Zip Code 10604

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.108  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

82.76

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
YELLOW CAB

Mailing Address 244 FIFTH AVE

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.88  
Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

34.70

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 232 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) YELLOW CAB Mailing Address 244 FIFTH AVE City NEW YORK State NY Zip Code 10001 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.96 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 43.25 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) BB&T VISA BUSINESS CARD Mailing Address PO BOX 24747 City TAMPA State FL Zip Code 33623 Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCP.3 Date of Disbursement 06 / 01 / 2010
	Amount of Each Disbursement this Period 21115.93 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) AIRTRAN Mailing Address 9955 AIRTRAN BLVD City ORLANDO State FL Zip Code 32827 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.161 Date of Disbursement 06 / 01 / 2010
	Amount of Each Disbursement this Period 122.90 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	21115.93
<b>TOTAL</b> 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 233 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
AMAZON.COM

Mailing Address 1200 12TH AVE

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement  
RESEARCH MATERIALS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.151  
Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

35.79

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.174  
Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

2189.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
AMOCO

Mailing Address 950 CORPORATE OFFICE DR

City MILFORD State MI Zip Code 48381

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.149  
Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

18.84

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 234 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 60 MASSACHUSETTS AVE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement TRAVEL 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: SB21CCD.162 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0 Amount of Each Disbursement this Period 212.00 [MEMO ITEM]
	Category/ Type	

<b>B.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address ONE AT&T PLAZA City DALLAS State TX Zip Code 75202 Purpose of Disbursement PHONE SERVICE 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: SB21CCD.166 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0 Amount of Each Disbursement this Period 478.64 [MEMO ITEM]
	Category/ Type	

<b>C.</b> Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES Mailing Address 1600 SMITH ST City HOUSTON State TX Zip Code 77002 Purpose of Disbursement TRAVEL 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: SB21CCD.158 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0 Amount of Each Disbursement this Period 68.20 [MEMO ITEM]
	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 235 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CVS	Transaction ID: SB21CCD.160 Date of Disbursement 06 / 01 / 2010
	Mailing Address 1 CVS DR	Amount of Each Disbursement this Period 99.41
	City WOONSOCKET State RI Zip Code 92895	
	Purpose of Disbursement OFFICE SUPPLIES	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB21CCD.175 Date of Disbursement 06 / 01 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 6503.70
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) DIXIE BONES BARBEQUE	Transaction ID: SB21CCD.167 Date of Disbursement 06 / 01 / 2010
	Mailing Address 13440 OCCOQUAN RD	Amount of Each Disbursement this Period 539.65
	City WOODBRIDGE State VA Zip Code 22191	
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21CCD.173  
Date of Disbursement 06 / 01 / 2010

Amount of Each Disbursement this Period 1853.41

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21CCD.170  
Date of Disbursement 06 / 01 / 2010

Amount of Each Disbursement this Period 731.61

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
GOOGLE INC

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21CCD.171  
Date of Disbursement 06 / 01 / 2010

Amount of Each Disbursement this Period 1195.79

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 237 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) HARRIS TEETER Mailing Address 3600 S GLEBE RD City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement FOOD/BEVERAGES Candidate Name	Transaction ID: SB21CCD.155 Date of Disbursement 06 / 01 / 2010
	Amount of Each Disbursement this Period 48.29 [MEMO ITEM]
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) ▼	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) HILTON HOTELS Mailing Address 7930 JONES BRANCH DR STE 1100 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement TRAVEL Candidate Name	Transaction ID: SB21CCD.163 Date of Disbursement 06 / 01 / 2010
	Amount of Each Disbursement this Period 278.37 [MEMO ITEM]
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) ▼	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) HILTON HOTELS Mailing Address 7930 JONES BRANCH DR STE 1100 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement TRAVEL Candidate Name	Transaction ID: SB21CCD.165 Date of Disbursement 06 / 01 / 2010
	Amount of Each Disbursement this Period 358.34 [MEMO ITEM]
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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 238 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) J2 EFAX PLUS SERVICE	Transaction ID: SB21CCD.148
	Mailing Address 6922 HOLLYWOOD BLVD 5TH FL	Date of Disbursement MM / DD / YYYY 06 / 01 / 2010
	City LOS ANGELES State CA Zip Code 90028	Amount of Each Disbursement this Period 16.95
	Purpose of Disbursement FAX SERVICE	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) LAZ PARKING	Transaction ID: SB21CCD.146
	Mailing Address 15 LEWIS ST	Date of Disbursement MM / DD / YYYY 06 / 01 / 2010
	City HARTFORD State CT Zip Code 06103	Amount of Each Disbursement this Period 11.00
	Purpose of Disbursement PARKING SERVICE	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) MCCORMICK & SCHMICK'S	Transaction ID: SB21CCD.159
	Mailing Address 720 SW WASHINGTON ST STE 550	Date of Disbursement MM / DD / YYYY 06 / 01 / 2010
	City PORTLAND State OR Zip Code 97205	Amount of Each Disbursement this Period 90.14
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 239 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
MIDWEST AIRLINES

Mailing Address 6744 SOUTH HOWELL AVE

City OAK CREEK State WI Zip Code 53154

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.168  
Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

553.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
NORTON

Mailing Address 350 ELLIS ST

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.154  
Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

39.99

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
OMNI HOTELS

Mailing Address 420 DECKER DR

City IRVING State TX Zip Code 75062

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.164  
Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

315.91

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 240 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ORBITZ	Transaction ID: SB21CCD.147
	Mailing Address 500 W MADISON STE 1000	Date of Disbursement 06 / 01 / 2010
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period 13.98
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) OUTBACK	Transaction ID: SB21CCD.157
	Mailing Address 2202 N WEST SHORE BLVD	Date of Disbursement 06 / 01 / 2010
	City TAMPA State FL Zip Code 33607	Amount of Each Disbursement this Period 65.11
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) PAYPAL	Transaction ID: SB21CCD.152
	Mailing Address 2211 N 1ST ST	Date of Disbursement 06 / 01 / 2010
	City SAN JOSE State CA Zip Code 95131	Amount of Each Disbursement this Period 37.99
	Purpose of Disbursement PROCESSING FEE	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 241 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) PENN QUARTER SPORTS TAVERN	Transaction ID: SB21CCD.153
	Mailing Address 639 INDIANA AVE NW	Date of Disbursement 06 / 01 / 2010
	City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period 38.00
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) PERSONALDEMOCRACY.COM	Transaction ID: SB21CCD.169
	Mailing Address 220 LAFAYETTE ST	Date of Disbursement 06 / 01 / 2010
	City NEW YORK State NY Zip Code 10012	Amount of Each Disbursement this Period 595.00
	Purpose of Disbursement SUBSCRIPTIONS	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) PMI INC	Transaction ID: SB21CCD.150
	Mailing Address 1725 DESALES ST NW STE 200	Date of Disbursement 06 / 01 / 2010
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 24.00
	Purpose of Disbursement PARKING SERVICE	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
QWEST

Mailing Address 1801 CALIFORNIA ST

City State Zip Code  
DENVER CO 80202

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.156  
Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

58.36

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
SONIC

Mailing Address 300 JOHNNY BENCH DR

City State Zip Code  
OKLAHOMA CITY OK 73104

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.145  
Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

5.64

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-1CR

City State Zip Code  
DALLAS TX 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.172  
Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

1776.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 243 / 322

<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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) STAPLES</p> <p>Mailing Address 500 STAPLES DR</p> <p>City FRAMINGHAM State MA Zip Code 01702</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.178</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 559.02</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) THRIFTY CAR RENTAL</p> <p>Mailing Address PO BOX 32250</p> <p>City TULSA State OK Zip Code 74153</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.176</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 101.97</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) US AIRLINES</p> <p>Mailing Address 4000 E SKY HARBOR BLVD</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.180</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1292.80</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 244 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address 408 SAINT PETER ST City SAINT PAUL State MN Zip Code 55102 Purpose of Disbursement DELIVERY 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: SB21CCD.177 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 157.52 [MEMO ITEM]	

<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON Mailing Address PO BOX 660720 City DALLAS State TX Zip Code 75266 Purpose of Disbursement PHONE SERVICE 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: SB21CCD.179 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 628.01 [MEMO ITEM]	

<b>C.</b> Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD OF MINNESOTA Mailing Address 3535 BLUE CROSS RD PO BOX 64676 City ST PAUL State MN Zip Code 55164 Purpose of Disbursement INSURANCE 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: SB21.68 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2322.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2322.00
<b>TOTAL</b> 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 245 / 322

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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD OF MINNESOTA Mailing Address 3535 BLUE CROSS RD PO BOX 64676 City ST PAUL State MN Zip Code 55164 Purpose of Disbursement INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.69 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2126.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

<b>B.</b> Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD OF MINNESOTA Mailing Address 3535 BLUE CROSS RD PO BOX 64676 City ST PAUL State MN Zip Code 55164 Purpose of Disbursement INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.70 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2126.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

<b>C.</b> Full Name (Last, First, Middle Initial) BLUEFRONT STRATEGIES LLC Mailing Address 44 CANAL CENTER PLAZA STE G1 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.133 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9252.00
<b>TOTAL</b> 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 246 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BLUEFRONT STRATEGIES LLC	Transaction ID: SB21.139
	Mailing Address 44 CANAL CENTER PLAZA STE G1	Date of Disbursement 06 / 10 / 2010
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 6670.04
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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) ▼

B.	Full Name (Last, First, Middle Initial) BLUEFRONT STRATEGIES LLC	Transaction ID: SB21.140
	Mailing Address 44 CANAL CENTER PLAZA STE G1	Date of Disbursement 06 / 22 / 2010
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 6665.00
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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) ▼

C.	Full Name (Last, First, Middle Initial) BLUESWARM LLC	Transaction ID: SB21.184
	Mailing Address 70 BROADWAY	Date of Disbursement 06 / 14 / 2010
	City WESTFORD State MA Zip Code 01886	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement WEB SERVICE	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	13585.04
<b>TOTAL</b> 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 247 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BRYAN CAVE LLP	Transaction ID: SB21.81
	Mailing Address PO BOX 503089	Date of Disbursement 04 / 17 / 2010
	City ST LOUIS State MO Zip Code 63150	Amount of Each Disbursement this Period 5070.00
	Purpose of Disbursement LEGAL 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:	

B.	Full Name (Last, First, Middle Initial) BRYAN CAVE LLP	Transaction ID: SB21.82
	Mailing Address PO BOX 503089	Date of Disbursement 05 / 12 / 2010
	City ST LOUIS State MO Zip Code 63150	Amount of Each Disbursement this Period 5058.35
	Purpose of Disbursement LEGAL 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:	

C.	Full Name (Last, First, Middle Initial) BRYAN CAVE LLP	Transaction ID: SB21.83
	Mailing Address PO BOX 503089	Date of Disbursement 06 / 14 / 2010
	City ST LOUIS State MO Zip Code 63150	Amount of Each Disbursement this Period 5040.95
	Purpose of Disbursement LEGAL 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>15169.30</b>
<b>TOTAL</b> 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 248 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CAPITOL DIRECT	Transaction ID: SB21.148
	Mailing Address 2915 COMMERS DR STE 1000	Date of Disbursement 04 / 27 / 2010
	City EAGAN State MN Zip Code 55121	Amount of Each Disbursement this Period 777.91
	Purpose of Disbursement PRINTING	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:	

B.	Full Name (Last, First, Middle Initial) CAPITOL DIRECT	Transaction ID: SB21.149
	Mailing Address 2915 COMMERS DR STE 1000	Date of Disbursement 05 / 11 / 2010
	City EAGAN State MN Zip Code 55121	Amount of Each Disbursement this Period 111.13
	Purpose of Disbursement PRINTING	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:	

C.	Full Name (Last, First, Middle Initial) CAPITOL DIRECT	Transaction ID: SB21.150
	Mailing Address 2915 COMMERS DR STE 1000	Date of Disbursement 06 / 22 / 2010
	City EAGAN State MN Zip Code 55121	Amount of Each Disbursement this Period 287.41
	Purpose of Disbursement PRINTING	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) ..... ▶

1176.45

**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 249 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
CAPITOL DIRECT

Transaction ID: SB21.154  
Date of Disbursement

Mailing Address 2915 COMMERS DR STE 1000

/

City EAGAN State MN Zip Code 55121

Amount of Each Disbursement this Period

Purpose of Disbursement  
PRINTING/POSTAGE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
CAPITOL DIRECT

Transaction ID: SB21.155  
Date of Disbursement

Mailing Address 2915 COMMERS DR STE 1000

/

City EAGAN State MN Zip Code 55121

Amount of Each Disbursement this Period

Purpose of Disbursement  
PRINTING/POSTAGE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
CAPITOL DIRECT

Transaction ID: SB21.157  
Date of Disbursement

Mailing Address 2915 COMMERS DR STE 1000

/

City EAGAN State MN Zip Code 55121

Amount of Each Disbursement this Period

Purpose of Disbursement  
PRINTING/POSTAGE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

**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 250 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.30 Date of Disbursement
	Mailing Address 7704 LEESBURG PIKE	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement DATABASE MANAGEMENT SVC	<input type="text" value="92.80"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.31 Date of Disbursement
	Mailing Address 7704 LEESBURG PIKE	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement DATABASE MANAGEMENT SVC	<input type="text" value="230.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.32 Date of Disbursement
	Mailing Address 7704 LEESBURG PIKE	<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement DATABASE MANAGEMENT SVC	<input type="text" value="3939.80"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4262.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.33 Date of Disbursement 05 / 12 / 2010
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 365.04
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATABASE MANAGEMENT SVC	
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.34 Date of Disbursement 05 / 31 / 2010
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 1500.00
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATABASE MANAGEMENT SVC	
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.35 Date of Disbursement 06 / 10 / 2010
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 2406.65
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATABASE MANAGEMENT SVC	
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4271.69
<b>TOTAL</b> 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 252 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address 7704 LEESBURG PIKE <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement DATABASE MANAGEMENT SVC Candidate Name <hr/> 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: SB21.36 Date of Disbursement 06 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 200.05
B.	Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address 7704 LEESBURG PIKE <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement DATABASE MANAGEMENT SVC Candidate Name <hr/> 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: SB21.37 Date of Disbursement 06 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 406.53
C.	Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address 7704 LEESBURG PIKE <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement DATABASE MANAGEMENT SVC Candidate Name <hr/> 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: SB21.38 Date of Disbursement 06 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 1191.29

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

1797.87

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 253 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATABASE MANAGEMENT SVC/POSTAGE 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) ▼	<b>Transaction ID:</b> SB21.39 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0
	Category/Type	Amount of Each Disbursement this Period 5569.70

<b>B.</b> Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPANY OF VA LLC Mailing Address PO BOX 365 City MCLEAN State VA Zip Code 22101 Purpose of Disbursement COMPLIANCE CONSULTING 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) ▼	<b>Transaction ID:</b> SB21.27 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0
	Category/Type	Amount of Each Disbursement this Period 2500.00

<b>C.</b> Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPANY OF VA LLC Mailing Address PO BOX 365 City MCLEAN State VA Zip Code 22101 Purpose of Disbursement COMPLIANCE CONSULTING 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) ▼	<b>Transaction ID:</b> SB21.28 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Category/Type	Amount of Each Disbursement this Period 2500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10569.70
<b>TOTAL</b> 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)

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>COMPLIANCE CONSULTING COMPANY OF VA LLC</b> <hr/> Mailing Address PO BOX 365 <hr/> City MCLEAN State VA Zip Code 22101 <hr/> Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name <hr/> 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) ▼	<b>Transaction ID:</b> SB21.29 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00

<b>B.</b> Full Name (Last, First, Middle Initial) <b>CONANT COMMUNICATIONS LLC</b> <hr/> Mailing Address 1813 BILTMORE ST NW #A <hr/> City WASHINGTON State DC Zip Code 20009 <hr/> Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name <hr/> 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) ▼	<b>Transaction ID:</b> SB21.130 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 7500.00

<b>C.</b> Full Name (Last, First, Middle Initial) <b>CONANT COMMUNICATIONS LLC</b> <hr/> Mailing Address 1813 BILTMORE ST NW #A <hr/> City WASHINGTON State DC Zip Code 20009 <hr/> Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name <hr/> 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) ▼	<b>Transaction ID:</b> SB21.132 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 7727.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17727.00
<b>TOTAL</b> 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 255 / 322

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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CONANT COMMUNICATIONS LLC</b>	<b>Transaction ID:</b> SB21.134 Date of Disbursement 05 / 12 / 2010	
	Mailing Address 1813 BILTMORE ST NW #A		
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period	7500.00
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING		
	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) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CONANT COMMUNICATIONS LLC</b>	<b>Transaction ID:</b> SB21.141 Date of Disbursement 06 / 22 / 2010	
	Mailing Address 1813 BILTMORE ST NW #A		
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period	7500.00
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING		
	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) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CONANT COMMUNICATIONS LLC</b>	<b>Transaction ID:</b> SB21.179 Date of Disbursement 04 / 26 / 2010	
	Mailing Address 1813 BILTMORE ST NW #A		
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period	-7727.00
	Purpose of Disbursement VOID CHECK		
	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) ▼	

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

7273.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 256 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) D'AMICO CATERING	Transaction ID: SB21.19 Date of Disbursement 04 / 21 / 2010
	Mailing Address 901 HENNEPIN AVE	Amount of Each Disbursement this Period 5000.00
	City MINNEAPOLIS State MN Zip Code 55403	
	Purpose of Disbursement CATERING	
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) D'AMICO CATERING	Transaction ID: SB21.20 Date of Disbursement 06 / 12 / 2010
	Mailing Address 901 HENNEPIN AVE	Amount of Each Disbursement this Period 5894.28
	City MINNEAPOLIS State MN Zip Code 55403	
	Purpose of Disbursement CATERING	
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) DC TREASURER	Transaction ID: SB21.114 Date of Disbursement 04 / 26 / 2010
	Mailing Address PO BOX 96385	Amount of Each Disbursement this Period 1267.25
	City WASHINGTON State DC Zip Code 20090	
	Purpose of Disbursement PAYROLL TAXES	
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12161.53</b>
<b>TOTAL</b> 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 257 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DC TREASURER	Transaction ID: SB21.117 Date of Disbursement
	Mailing Address PO BOX 96385	<input type="text" value="05"/> <input type="text" value=""/> / <input type="text" value="24"/> <input type="text" value=""/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value=""/>
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="1319.19"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) DC TREASURER	Transaction ID: SB21.120 Date of Disbursement
	Mailing Address PO BOX 96385	<input type="text" value="06"/> <input type="text" value=""/> / <input type="text" value="25"/> <input type="text" value=""/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value=""/>
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="1319.19"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) DOES - UC30	Transaction ID: SB21.124 Date of Disbursement
	Mailing Address PO BOX 96664	<input type="text" value="06"/> <input type="text" value=""/> / <input type="text" value="30"/> <input type="text" value=""/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value=""/>
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="268.25"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2906.63"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 258 / 322

<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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address 7300 CHAPMAN HWY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.13</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1235.30</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address 7300 CHAPMAN HWY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.16</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 191.41</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address 7300 CHAPMAN HWY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.18</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 125.45</p>

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

1552.16

**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 259 / 322

<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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address 7300 CHAPMAN HWY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.2</p> <p>Date of Disbursement 04 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 887.16</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address 7300 CHAPMAN HWY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.4</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 651.46</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ENGAGE LLC</p> <p>Mailing Address 707 8TH ST SE STE 200</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.180</p> <p>Date of Disbursement 04 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 9132.01</p>

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

10670.63

**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)

PAGE 260 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ENGAGE LLC	Transaction ID: SB21.182
	Mailing Address 707 8TH ST SE STE 200	Date of Disbursement 05 / 12 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 6984.97
	Purpose of Disbursement WEB SERVICE 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) ▼

B.	Full Name (Last, First, Middle Initial) ENGAGE LLC	Transaction ID: SB21.185
	Mailing Address 707 8TH ST SE STE 200	Date of Disbursement 06 / 14 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement WEB SERVICE 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) ▼

C.	Full Name (Last, First, Middle Initial) ENGAGE LLC	Transaction ID: SB21.188
	Mailing Address 707 8TH ST SE STE 200	Date of Disbursement 06 / 22 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 6200.00
	Purpose of Disbursement WEB SERVICE 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	18184.97
<b>TOTAL</b> 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FLS CONNECT LLC	Transaction ID: SB21.59 Date of Disbursement 05 / 12 / 2010
	Mailing Address 7300 HUDSON BLVD STE 270	Amount of Each Disbursement this Period 732.43
	City SAINT PAUL State MN Zip Code 55128	
	Purpose of Disbursement FUNDRAISING PHONE CALLS 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) ▼

B.	Full Name (Last, First, Middle Initial) FLS CONNECT LLC	Transaction ID: SB21.62 Date of Disbursement 05 / 18 / 2010
	Mailing Address 7300 HUDSON BLVD STE 270	Amount of Each Disbursement this Period 827.60
	City SAINT PAUL State MN Zip Code 55128	
	Purpose of Disbursement FUNDRAISING PHONE CALLS 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) ▼

C.	Full Name (Last, First, Middle Initial) FLS CONNECT LLC	Transaction ID: SB21.65 Date of Disbursement 06 / 22 / 2010
	Mailing Address 7300 HUDSON BLVD STE 270	Amount of Each Disbursement this Period 13646.00
	City SAINT PAUL State MN Zip Code 55128	
	Purpose of Disbursement FUNDRAISING PHONE CALLS 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15206.03
<b>TOTAL</b> 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 262 / 322

<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FLS CONNECT LLC</b>	<b>Transaction ID:</b> SB21.88 Date of Disbursement 04 / 27 / 2010	
	Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 16681.00
	City SAINT PAUL State MN Zip Code 55128 Purpose of Disbursement MESSAGE PHONE CALLS 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) ▼		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FOTOWATIO RENEWABLE VENTURES INC</b>	<b>Transaction ID:</b> SB21.89 Date of Disbursement 04 / 21 / 2010	
	Mailing Address 44 MONTGOMERY ST STE 2200		Amount of Each Disbursement this Period 4000.00
	City SAN FRANCISCO State CA Zip Code 94104 Purpose of Disbursement OFFICE RENT 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) ▼		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>FOTOWATIO RENEWABLE VENTURES INC</b>	<b>Transaction ID:</b> SB21.90 Date of Disbursement 05 / 17 / 2010	
	Mailing Address 44 MONTGOMERY ST STE 2200		Amount of Each Disbursement this Period 4000.00
	City SAN FRANCISCO State CA Zip Code 94104 Purpose of Disbursement OFFICE RENT 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) ▼		

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

**24681.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 263 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FOTOWATIO RENEWABLE VENTURES INC Mailing Address 44 MONTGOMERY ST STE 2200 City SAN FRANCISCO State CA Zip Code 94104 Purpose of Disbursement OFFICE RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.91 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 4000.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) GR SEPPALA & ASSOCIATES LLC Mailing Address 1161 EAST WAYZATA BLVD BOX 210 City WAYZATA State MN Zip Code 55391 Purpose of Disbursement FINANCE CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.47 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) GR SEPPALA & ASSOCIATES LLC Mailing Address 1161 EAST WAYZATA BLVD BOX 210 City WAYZATA State MN Zip Code 55391 Purpose of Disbursement FINANCE CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.48 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> 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 264 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) GR SEPPALA & ASSOCIATES LLC	Transaction ID: SB21.49 Date of Disbursement 05 / 26 / 2010
	Mailing Address 1161 EAST WAYZATA BLVD BOX 210	Amount of Each Disbursement this Period 3000.00
	City WAYZATA State MN Zip Code 55391	
	Purpose of Disbursement FINANCE CONSULTING	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) ▼

B.	Full Name (Last, First, Middle Initial) HARVARD CLUB OF NEW YORK CITY	Transaction ID: SB21.22 Date of Disbursement 05 / 27 / 2010
	Mailing Address 35 WEST 44TH ST	Amount of Each Disbursement this Period 750.00
	City NEW YORK State NY Zip Code 10036	
	Purpose of Disbursement CATERING/FACILITY RENTAL	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) ▼

C.	Full Name (Last, First, Middle Initial) HYNES COMMUNICATIONS LLC	Transaction ID: SB21.131 Date of Disbursement 04 / 17 / 2010
	Mailing Address 121 BOW ST STE 6	Amount of Each Disbursement this Period 10628.91
	City PORTSMOUTH State NH Zip Code 03801	
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	14378.91
<b>TOTAL</b> 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 265 / 322

<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) HYNES COMMUNICATIONS LLC <hr/> Mailing Address 121 BOW ST STE 6 <hr/> City PORTSMOUTH State NH Zip Code 03801 <hr/> Purpose of Disbursement POLITICAL STRATEGY CONSULTING <hr/> Candidate Name <span style="float: right;">Category/ Type</span>	Transaction ID: SB21.135 Date of Disbursement 05 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) HYNES COMMUNICATIONS LLC <hr/> Mailing Address 121 BOW ST STE 6 <hr/> City PORTSMOUTH State NH Zip Code 03801 <hr/> Purpose of Disbursement POLITICAL STRATEGY CONSULTING <hr/> Candidate Name <span style="float: right;">Category/ Type</span>	Transaction ID: SB21.138 Date of Disbursement 06 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 6476.37
<b>C.</b>	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE <hr/> Mailing Address 1111 CONSTITUTION AVE NW <hr/> City WASHINGTON State DC Zip Code 20224 <hr/> Purpose of Disbursement PAYROLL TAXES <hr/> Candidate Name <span style="float: right;">Category/ Type</span>	Transaction ID: SB21.115 Date of Disbursement 04 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 8584.67

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20061.04
<b>TOTAL</b> 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 266 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21.118 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="28"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="8830.95"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21.122 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="28"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="8830.93"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21.123 Date of Disbursement
	Mailing Address 1111 CONSTITUTION AVE NW	<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="30"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="56.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="17717.88"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 267 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) <b>INTUIT PAYCYCLE</b> <hr/> Mailing Address 2800 E COMMERCE CENTER PL <hr/> City TUCSON State AZ Zip Code 85706 <hr/> Purpose of Disbursement PAYROLL SVC/INSUR Candidate Name <input type="text"/> Category/Type <hr/> 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) ▼	<b>Transaction ID:</b> SB21.110 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 56.49
B.	Full Name (Last, First, Middle Initial) <b>INTUIT PAYCYCLE</b> <hr/> Mailing Address 2800 E COMMERCE CENTER PL <hr/> City TUCSON State AZ Zip Code 85706 <hr/> Purpose of Disbursement PAYROLL SVC/INSUR Candidate Name <input type="text"/> Category/Type <hr/> 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) ▼	<b>Transaction ID:</b> SB21.111 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 59.49
C.	Full Name (Last, First, Middle Initial) <b>INTUIT PAYCYCLE</b> <hr/> Mailing Address 2800 E COMMERCE CENTER PL <hr/> City TUCSON State AZ Zip Code 85706 <hr/> Purpose of Disbursement PAYROLL SVC/INSUR Candidate Name <input type="text"/> Category/Type <hr/> 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) ▼	<b>Transaction ID:</b> SB21.112 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 59.49

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

175.47

**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 268 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) LATITUDE LLC	Transaction ID: SB21.136 Date of Disbursement 05 / 17 / 2010
	Mailing Address 3105 WHITE DAISY PL	Amount of Each Disbursement this Period 15000.00
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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) ▼

B.	Full Name (Last, First, Middle Initial) LATITUDE LLC	Transaction ID: SB21.137 Date of Disbursement 06 / 10 / 2010
	Mailing Address 3105 WHITE DAISY PL	Amount of Each Disbursement this Period 7500.00
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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) ▼

C.	Full Name (Last, First, Middle Initial) LATITUDE LLC	Transaction ID: SB21.174 Date of Disbursement 05 / 24 / 2010
	Mailing Address 3105 WHITE DAISY PL	Amount of Each Disbursement this Period 1479.06
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement TRAVEL	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	23979.06
<b>TOTAL</b> 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 269 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) LSN INC  Mailing Address DEPT. AT 953016  City ATLANTA State GA Zip Code 31192  Purpose of Disbursement PHONE SERVICE 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: SB21.125 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 199.00
B.	Full Name (Last, First, Middle Initial) LSN INC  Mailing Address DEPT. AT 953016  City ATLANTA State GA Zip Code 31192  Purpose of Disbursement PHONE SERVICE 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: SB21.129 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 199.00
C.	Full Name (Last, First, Middle Initial) LUKE'S COPY SHOP  Mailing Address 2506 HYLAN BLVD  City STATEN ISLAND State NY Zip Code 10306  Purpose of Disbursement PRINTING 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: SB21.151 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 843.78

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1241.78
<b>TOTAL</b> 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 270 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MAGELLAN DATA AND MAPPING STRATEGIES</b> Mailing Address 1685 BOXELDER ST STE 300 City LOUISVILLE State CO Zip Code 80027 Purpose of Disbursement LIST SERVICE 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: SB21.86 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MCGILL CONSULTING LLC</b> Mailing Address 7643 SOUTH BAY DR City BLOOMINGTON State MN Zip Code 55438 Purpose of Disbursement FINANCE CONSULTING 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: SB21.46 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 4503.01 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MCGILL CONSULTING LLC</b> Mailing Address 7643 SOUTH BAY DR City BLOOMINGTON State MN Zip Code 55438 Purpose of Disbursement FINANCE CONSULTING 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: SB21.52 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10003.01
<b>TOTAL</b> 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 271 / 322

<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MINNEAPOLIS CLUB</b>  Mailing Address <b>729-2ND AVE SOUTH</b>  City <b>MINNEAPOLIS</b> State <b>MN</b> Zip Code <b>55402</b> Purpose of Disbursement <b>CATERING/FACILITY RENTAL</b> 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) ▼	<b>Transaction ID:</b> SB21.23 Date of Disbursement M M / D D / Y Y Y Y <b>0 6 / 2 2 / 2 0 1 0</b>	Amount of Each Disbursement this Period <b>338.42</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MINNEAPOLIS CLUB</b>  Mailing Address <b>729-2ND AVE SOUTH</b>  City <b>MINNEAPOLIS</b> State <b>MN</b> Zip Code <b>55402</b> Purpose of Disbursement <b>CATERING/PARKING</b> 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) ▼	<b>Transaction ID:</b> SB21.24 Date of Disbursement M M / D D / Y Y Y Y <b>0 5 / 1 8 / 2 0 1 0</b>	Amount of Each Disbursement this Period <b>2201.80</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MINNESOTA DEPARTMENT OF REVENUE</b>  Mailing Address <b>600 NORTH ROBERT ST</b>  City <b>ST PAUL</b> State <b>MN</b> Zip Code <b>55101</b> Purpose of Disbursement <b>PAYROLL TAXES</b> 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) ▼	<b>Transaction ID:</b> SB21.113 Date of Disbursement M M / D D / Y Y Y Y <b>0 4 / 0 7 / 2 0 1 0</b>	Amount of Each Disbursement this Period <b>773.00</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3313.22</b>
<b>TOTAL</b> 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 272 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MINNESOTA DEPARTMENT OF REVENUE	Transaction ID: SB21.116 Date of Disbursement
	Mailing Address 600 NORTH ROBERT ST	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="342.39"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) MINNESOTA DEPARTMENT OF REVENUE	Transaction ID: SB21.119 Date of Disbursement
	Mailing Address 600 NORTH ROBERT ST	<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="342.39"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) MINNESOTA DEPARTMENT OF REVENUE	Transaction ID: SB21.121 Date of Disbursement
	Mailing Address 600 NORTH ROBERT ST	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="342.39"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1027.17"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

PAGE 273 / 322

<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MOBY DICK AIRWAYS</b>  Mailing Address <b>PO BOX 77518</b>  City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20013</b> Purpose of Disbursement <b>TRAVEL</b> 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) ▼	<b>Transaction ID:</b> SB21.168 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 1650.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MOBY DICK AIRWAYS</b>  Mailing Address <b>PO BOX 77518</b>  City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20013</b> Purpose of Disbursement <b>TRAVEL</b> 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) ▼	<b>Transaction ID:</b> SB21.175 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period 3987.00  IN-KIND CONTRIBUTION TO DUFFY FOR CONGRESS - DETAILED ON LINE 23
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MOGULUS LLC</b>  Mailing Address <b>111 8TH AVE STE 1509</b>  City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10011</b> Purpose of Disbursement <b>WEB SERVICE</b> 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) ▼	<b>Transaction ID:</b> SB21.187 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>7137.00</b>	
<b>TOTAL</b> 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 274 / 322

<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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) NEW FRONTIER STRATEGY</p> <p>Mailing Address 315 KENTUCKY AVE</p> <p>City ALEXANDRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.142</p> <p>Date of Disbursement 04 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 10000.63</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) NEW FRONTIER STRATEGY</p> <p>Mailing Address 315 KENTUCKY AVE</p> <p>City ALEXANDRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.143</p> <p>Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 14227.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) NH SECRETARY OF STATE'S OFFICE</p> <p>Mailing Address STATE HOUSE ROOM 204</p> <p>City CONCORD State NH Zip Code 03301</p> <p>Purpose of Disbursement REGISTRATION FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.160</p> <p>Date of Disbursement 05 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

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

24277.63

**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)

PAGE 275 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	Transaction ID: SB21.147 Date of Disbursement
	Mailing Address 15260 113TH ST NORTH	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City STILLWATER State MN Zip Code 55082	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE/PRINTING	<input type="text" value="16063.35"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	Transaction ID: SB21.152 Date of Disbursement
	Mailing Address 15260 113TH ST NORTH	<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City STILLWATER State MN Zip Code 55082	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING/POSTAGE	<input type="text" value="22486.84"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	Transaction ID: SB21.156 Date of Disbursement
	Mailing Address 15260 113TH ST NORTH	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City STILLWATER State MN Zip Code 55082	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING/POSTAGE	<input type="text" value="1548.09"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="40098.28"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 276 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	Transaction ID: SB21.158 Date of Disbursement
	Mailing Address 15260 113TH ST NORTH	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City STILLWATER State MN Zip Code 55082	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING/POSTAGE	<input type="text" value="10007.85"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	Transaction ID: SB21.159 Date of Disbursement
	Mailing Address 15260 113TH ST NORTH	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City STILLWATER State MN Zip Code 55082	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING/POSTAGE	<input type="text" value="4204.41"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) PKL CONSULTING LLC	Transaction ID: SB21.45 Date of Disbursement
	Mailing Address 621 THORNWOOD LN	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City NORTHFIELD State IL Zip Code 60093	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="4000.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="18212.26"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 277 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) PKL CONSULTING LLC	Transaction ID: SB21.50 Date of Disbursement 05 / 31 / 2010
	Mailing Address 621 THORNWOOD LN	Amount of Each Disbursement this Period 4000.00
	City NORTHFIELD State IL Zip Code 60093	
	Purpose of Disbursement FINANCE CONSULTING	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) ▼

B.	Full Name (Last, First, Middle Initial) PKL CONSULTING LLC	Transaction ID: SB21.54 Date of Disbursement 04 / 27 / 2010
	Mailing Address 621 THORNWOOD LN	Amount of Each Disbursement this Period 5520.03
	City NORTHFIELD State IL Zip Code 60093	
	Purpose of Disbursement FINANCE CONSULTING/CATERING	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) ▼

C.	Full Name (Last, First, Middle Initial) PRECISION LISTS	Transaction ID: SB21.85 Date of Disbursement 06 / 25 / 2010
	Mailing Address 901 N MONROE ST #1309	Amount of Each Disbursement this Period 3400.00
	City ARLINGTON State VA Zip Code 22201	
	Purpose of Disbursement LIST RENTAL	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	12920.03
<b>TOTAL</b> 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) PROMPT MAILERS INC	Transaction ID: SB21.153 Date of Disbursement 05 / 17 / 2010
	Mailing Address 66 WILLOW AVE City STATEN ISLAND State NY Zip Code 10305 Purpose of Disbursement PRINTING/POSTAGE 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) ▼	Amount of Each Disbursement this Period 642.00 Category/Type
B.	Full Name (Last, First, Middle Initial) SEVEN EVENT DESTINATION	Transaction ID: SB21.21 Date of Disbursement 06 / 02 / 2010
	Mailing Address 700 HENNEPIN AVE City MINNEAPOLIS State MN Zip Code 55402 Purpose of Disbursement CATERING 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) ▼	Amount of Each Disbursement this Period 5140.18 Category/Type
C.	Full Name (Last, First, Middle Initial) SHADOWTV INC	Transaction ID: SB21.162 Date of Disbursement 05 / 12 / 2010
	Mailing Address 630 NINTH AVE STE 1000 10TH FL City NEW YORK State NY Zip Code 10036 Purpose of Disbursement SUBSCRIPTIONS 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) ▼	Amount of Each Disbursement this Period 1350.00 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7132.18
<b>TOTAL</b> 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 279 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING	Transaction ID: SB21.146 Date of Disbursement
	Mailing Address 2600 NW TOPEKA BLVD	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE	<input type="text" value="8100.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) STATE OF MINNESOTA	Transaction ID: SB21.165 Date of Disbursement
	Mailing Address 130 STATE CAPITOL 75 REV DR MARTIN	<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City ST PAUL State MN Zip Code 55155	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="150.67"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) STATE OF MINNESOTA	Transaction ID: SB21.177 Date of Disbursement
	Mailing Address 130 STATE CAPITOL 75 REV DR MARTIN	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City ST PAUL State MN Zip Code 55155	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="232.91"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8483.58"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 280 / 322

<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b>  Mailing Address 7591 9TH ST NORTH  City ST PAUL State MN Zip Code 55128  Purpose of Disbursement FUNDRAISING PHONE CALLS 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) ▼	<b>Transaction ID:</b> SB21.58 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period  16402.14
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b>  Mailing Address 7591 9TH ST NORTH  City ST PAUL State MN Zip Code 55128  Purpose of Disbursement FUNDRAISING PHONE CALLS 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) ▼	<b>Transaction ID:</b> SB21.61 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period  5834.45
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b>  Mailing Address 7591 9TH ST NORTH  City ST PAUL State MN Zip Code 55128  Purpose of Disbursement FUNDRAISING PHONE CALLS 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) ▼	<b>Transaction ID:</b> SB21.63 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period  460.00

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

**22696.59**

**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 281 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b>  Mailing Address 7591 9TH ST NORTH  City ST PAUL State MN Zip Code 55128  Purpose of Disbursement FUNDRAISING PHONE CALLS 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: SB21.64 Date of Disbursement 06 / 10 / 2010  Amount of Each Disbursement this Period 1510.25
B.	Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b>  Mailing Address 7591 9TH ST NORTH  City ST PAUL State MN Zip Code 55128  Purpose of Disbursement FUNDRAISING PHONE CALLS 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: SB21.66 Date of Disbursement 06 / 22 / 2010  Amount of Each Disbursement this Period 2273.20
C.	Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b>  Mailing Address 7591 9TH ST NORTH  City ST PAUL State MN Zip Code 55128  Purpose of Disbursement FUNDRAISING PHONE CALLS 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: SB21.67 Date of Disbursement 06 / 25 / 2010  Amount of Each Disbursement this Period 922.75

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

4706.20

**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 282 / 322

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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) TERRA ECLIPSE	Transaction ID: SB21.181 Date of Disbursement																			
	Mailing Address 9043 SOQUEL DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	1	0												
	City APTOS State CA Zip Code 95003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement WEB SERVICE	<table border="1"><tr><td>2637.50</td></tr></table>	2637.50																		
2637.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) TERRA ECLIPSE	Transaction ID: SB21.183 Date of Disbursement																			
	Mailing Address 9043 SOQUEL DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
	City APTOS State CA Zip Code 95003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement WEB SERVICE	<table border="1"><tr><td>2462.50</td></tr></table>	2462.50																		
2462.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) TERRA ECLIPSE	Transaction ID: SB21.186 Date of Disbursement																			
	Mailing Address 9043 SOQUEL DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	0												
	City APTOS State CA Zip Code 95003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement WEB SERVICE	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>6600.00</td></tr></table>	6600.00
6600.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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 283 / 322

<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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
**THE HALLISEY GROUP**

Mailing Address 38 EAST 85TH ST STE 5E

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21.51  
**Date of Disbursement:** 06 / 14 / 2010

Amount of Each Disbursement this Period: 5000.00

Category/Type

**B.** Full Name (Last, First, Middle Initial)  
**THE MINIKAHDA CLUB**

Mailing Address 3205 EXCELSIOR BLVD

City MINNEAPOLIS State MN Zip Code 55416

Purpose of Disbursement FACILITY RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21.43  
**Date of Disbursement:** 06 / 25 / 2010

Amount of Each Disbursement this Period: 150.00

Category/Type

**C.** Full Name (Last, First, Middle Initial)  
**THE REGENCY CLUB**

Mailing Address 10900 WILSHIRE BLVD STE 1700

City LOS ANGELES State CA Zip Code 90024

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21.57  
**Date of Disbursement:** 06 / 25 / 2010

Amount of Each Disbursement this Period: 287.06

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 5437.06

**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 284 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.144 Date of Disbursement
	Mailing Address 408 SAINT PETER ST	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.145 Date of Disbursement
	Mailing Address 408 SAINT PETER ST	<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE	<input type="text" value="3000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21.126 Date of Disbursement
	Mailing Address PO BOX 660720	<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City DALLAS State TX Zip Code 75266	Amount of Each Disbursement this Period
	Purpose of Disbursement PHONE SERVICE	<input type="text" value="1610.93"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5610.93"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 285 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21.127
	Mailing Address PO BOX 660720	Date of Disbursement 05 / 31 / 2010
	City DALLAS State TX Zip Code 75266	Amount of Each Disbursement this Period 539.04
	Purpose of Disbursement PHONE SERVICE	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:	

B.	Full Name (Last, First, Middle Initial) WASHINGTON COURIER	Transaction ID: SB21.40
	Mailing Address 5520 CHEROKEE AVE STE 120	Date of Disbursement 04 / 17 / 2010
	City ALEXANDRIA State VA Zip Code 22312	Amount of Each Disbursement this Period 29.40
	Purpose of Disbursement DELIVERY	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:	

C.	Full Name (Last, First, Middle Initial) WASHINGTON COURIER	Transaction ID: SB21.41
	Mailing Address 5520 CHEROKEE AVE STE 120	Date of Disbursement 05 / 17 / 2010
	City ALEXANDRIA State VA Zip Code 22312	Amount of Each Disbursement this Period 73.46
	Purpose of Disbursement DELIVERY	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>641.90</b>
<b>TOTAL</b> 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 286 / 322

<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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address PO BOX 63750</p> <p>City SAN FRANCISCO State CA Zip Code 94163</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.1</p> <p>Date of Disbursement 05 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address PO BOX 63750</p> <p>City SAN FRANCISCO State CA Zip Code 94163</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.11</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address PO BOX 63750</p> <p>City SAN FRANCISCO State CA Zip Code 94163</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.8</p> <p>Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p>

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

40.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 287 / 322

<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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address PO BOX 63750</p> <p>City SAN FRANCISCO State CA Zip Code 94163</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.9</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 29.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) WILAND DIRECT</p> <p>Mailing Address 2950 COLORFUL AVE STE 100</p> <p>City LONGMONT State CO Zip Code 80504</p> <p>Purpose of Disbursement FUNDRAISING PHONE CALLS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.60</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 4468.73</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) WILAND DIRECT</p> <p>Mailing Address 2950 COLORFUL AVE STE 100</p> <p>City LONGMONT State CO Zip Code 80504</p> <p>Purpose of Disbursement LIST PURCHASE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.84</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 3098.15</p>

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

7595.88

**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 288 / 322

<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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
LINCOLN CLUB OF NORTHERN CALIFORNIA

**Transaction ID:** SA11C.8740

Date of Disbursement

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

Mailing Address 20 PARK ROAD  
SUITE E.

Amount of Each Disbursement this Period

65.00
-------

City BURLINGAME State CA Zip Code 94010-4443

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

IN-KIND: STAFF TIME

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
REPUBLICAN PARTY OF MINNESOTA

**Transaction ID:** SB21.44

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

Mailing Address 525 PARK ST STE 250

Amount of Each Disbursement this Period

83.08
-------

City ST PAUL State MN Zip Code 55103

Purpose of Disbursement  
FACILITY RENTAL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

148.08
--------

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

614942.97
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 289 / 322

<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)  
Freedom First PAC

**A. WASHINGTON STATE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

Mailing Address 2840 NORTHRUP WAY  
SUITE 140

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
IN-KIND CONTRIBUTION - TRAVEL EXPENSES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.IK166

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

223.76

[MEMO ITEM]

**B. DUFFY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 186

City ASHLAND State WI Zip Code 54806

Purpose of Disbursement  
IN-KIND CONTRIBUTION - TRAVEL

Candidate Name

SEAN DUFFY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Transaction ID: SB23.IK02

Date of Disbursement

05 / 21 / 2010

Amount of Each Disbursement this Period

2600.00

[MEMO ITEM]

**C. BACHMANN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 25950

City WOODBURY State MN Zip Code 55125

Purpose of Disbursement  
EARMARKED FROM WILBUR BIEMESDERFER

Candidate Name

MICHELE BACHMANN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Transaction ID: SB23COND.1

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

25.00

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

25.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 290 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
BACHMANN FOR CONGRESS

Transaction ID: SB23COND.10  
Date of Disbursement

Mailing Address PO BOX 25950

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

City State Zip Code  
WOODBURY MN 55125

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
EARMARKED FROM RICHARD STRUXNESS

Category/ Type
-------------------

Candidate Name  
MICHELE BACHMANN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

B.

Full Name (Last, First, Middle Initial)  
BACHMANN FOR CONGRESS

Transaction ID: SB23COND.11  
Date of Disbursement

Mailing Address PO BOX 25950

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

City State Zip Code  
WOODBURY MN 55125

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
EARMARKED FROM WESTIN KENNETH

Category/ Type
-------------------

Candidate Name  
MICHELE BACHMANN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

C.

Full Name (Last, First, Middle Initial)  
BACHMANN FOR CONGRESS

Transaction ID: SB23COND.12  
Date of Disbursement

Mailing Address PO BOX 25950

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

City State Zip Code  
WOODBURY MN 55125

Amount of Each Disbursement this Period

10.00
-------

Purpose of Disbursement  
EARMARKED FROM KATHRYN SAUER

Category/ Type
-------------------

Candidate Name  
MICHELE BACHMANN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

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

110.00
--------

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

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**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 291 / 322

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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.13 Date of Disbursement 04 / 30 / 2010	
	Mailing Address PO BOX 25950		
	City: WOODBURY      State: MN      Zip Code: 55125	Amount of Each Disbursement this Period	1.00
	Purpose of Disbursement: EARMARKED FROM PATRICK RUFFINI Candidate Name: MICHELE BACHMANN Office Sought: <input checked="" type="checkbox"/> House      Disbursement For: 2010 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: MN      District: 06	Category/Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.14 Date of Disbursement 04 / 30 / 2010	
	Mailing Address PO BOX 25950		
	City: WOODBURY      State: MN      Zip Code: 55125	Amount of Each Disbursement this Period	25.00
	Purpose of Disbursement: EARMARKED FROM CLIFF LEONARD Candidate Name: MICHELE BACHMANN Office Sought: <input checked="" type="checkbox"/> House      Disbursement For: 2010 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: MN      District: 06	Category/Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.15 Date of Disbursement 04 / 30 / 2010	
	Mailing Address PO BOX 25950		
	City: WOODBURY      State: MN      Zip Code: 55125	Amount of Each Disbursement this Period	50.00
	Purpose of Disbursement: EARMARKED FROM MICHAEL GREENHECK Candidate Name: MICHELE BACHMANN Office Sought: <input checked="" type="checkbox"/> House      Disbursement For: 2010 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: MN      District: 06	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>76.00</b>
<b>TOTAL</b> 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 292 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM JOYCE BOOTHMAN <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.16 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM ALISON ROE <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.17 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM BRIAN WEBB <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.18 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	100.00
<b>TOTAL</b> 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.19 Date of Disbursement
	Mailing Address PO BOX 25950	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement: EARMARKED FROM WESTON EDWARDS	<input type="text" value="25.00"/>
	Candidate Name: MICHELE BACHMANN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.2 Date of Disbursement
	Mailing Address PO BOX 25950	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement: EARMARKED FROM BOB SPIELMAN	<input type="text" value="25.00"/>
	Candidate Name: MICHELE BACHMANN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.20 Date of Disbursement
	Mailing Address PO BOX 25950	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement: EARMARKED FROM LISA QUINN	<input type="text" value="50.00"/>
	Candidate Name: MICHELE BACHMANN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 294 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.21
	Mailing Address PO BOX 25950	Date of Disbursement 04 / 30 / 2010
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period 2.00
	Purpose of Disbursement: EARMARKED FROM ZACHARY ROSSOW	Category/Type
	Candidate Name: MICHELE BACHMANN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.22
	Mailing Address PO BOX 25950	Date of Disbursement 04 / 30 / 2010
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement: EARMARKED FROM KAREN TOMAN	Category/Type
	Candidate Name: MICHELE BACHMANN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.23
	Mailing Address PO BOX 25950	Date of Disbursement 04 / 30 / 2010
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement: EARMARKED FROM LINDA WESTLIE	Category/Type
	Candidate Name: MICHELE BACHMANN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	152.00
<b>TOTAL</b> 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 295 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.24 Date of Disbursement
	Mailing Address PO BOX 25950	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement: EARMARKED FROM BOB BERGEN	<input type="text" value="10.00"/>
	Candidate Name: MICHELE BACHMANN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.25 Date of Disbursement
	Mailing Address PO BOX 25950	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement: EARMARKED FROM SUSAN WOLNEY	<input type="text" value="50.00"/>
	Candidate Name: MICHELE BACHMANN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.26 Date of Disbursement
	Mailing Address PO BOX 25950	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement: EARMARKED FROM MARK DOLSKI	<input type="text" value="25.00"/>
	Candidate Name: MICHELE BACHMANN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.27 Date of Disbursement 04 / 30 / 2010
	Mailing Address PO BOX 25950	Amount of Each Disbursement this Period 10.00
	City: WOODBURY State: MN Zip Code: 55125	Category/ Type
	Purpose of Disbursement: EARMARKED FROM TRACY FREDRICKSON Candidate Name: MICHELE BACHMANN	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.28 Date of Disbursement 04 / 30 / 2010
	Mailing Address PO BOX 25950	Amount of Each Disbursement this Period 10.00
	City: WOODBURY State: MN Zip Code: 55125	Category/ Type
	Purpose of Disbursement: EARMARKED FROM EDDIE DHABOLT Candidate Name: MICHELE BACHMANN	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.29 Date of Disbursement 04 / 30 / 2010
	Mailing Address PO BOX 25950	Amount of Each Disbursement this Period 25.00
	City: WOODBURY State: MN Zip Code: 55125	Category/ Type
	Purpose of Disbursement: EARMARKED FROM LOUANN GOODDENS Candidate Name: MICHELE BACHMANN	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

45.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 297 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM JOSEPH PALICKA <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM CHRISTINE OLSON <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.30 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM LINDA REAM <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.31 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 40.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

340.00

**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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.32 Date of Disbursement 04 / 30 / 2010	
	Mailing Address PO BOX 25950		
	City: WOODBURY      State: MN      Zip Code: 55125	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement: EARMARKED FROM JERRY MAGLOUGHLIN Candidate Name: MICHELE BACHMANN Office Sought: <input checked="" type="checkbox"/> House      Disbursement For: 2010 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: MN      District: 06	Category/Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.33 Date of Disbursement 04 / 30 / 2010	
	Mailing Address PO BOX 25950		
	City: WOODBURY      State: MN      Zip Code: 55125	Amount of Each Disbursement this Period	10.00
	Purpose of Disbursement: EARMARKED FROM DAVE WILLADSEN Candidate Name: MICHELE BACHMANN Office Sought: <input checked="" type="checkbox"/> House      Disbursement For: 2010 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: MN      District: 06	Category/Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.34 Date of Disbursement 04 / 30 / 2010	
	Mailing Address PO BOX 25950		
	City: WOODBURY      State: MN      Zip Code: 55125	Amount of Each Disbursement this Period	50.00
	Purpose of Disbursement: EARMARKED FROM MARK LALIBERTE Candidate Name: MICHELE BACHMANN Office Sought: <input checked="" type="checkbox"/> House      Disbursement For: 2010 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: MN      District: 06	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>160.00</b>
<b>TOTAL</b> 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 299 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM KIM LLIFF <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.35 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 10.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM BARBARA FIELDS <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.36 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM DENNIS COOPER <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.37 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 10.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	120.00
<b>TOTAL</b> 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 300 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.38 Date of Disbursement 04 / 30 / 2010
	Mailing Address PO BOX 25950	Amount of Each Disbursement this Period 1000.00
	City WOODBURY State MN Zip Code 55125	
	Purpose of Disbursement EARMARKED FROM BRIAN MARK	Category/Type
	Candidate Name MICHELE BACHMANN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.39 Date of Disbursement 04 / 30 / 2010
	Mailing Address PO BOX 25950	Amount of Each Disbursement this Period 10.00
	City WOODBURY State MN Zip Code 55125	
	Purpose of Disbursement EARMARKED FROM ROBERT SLANOVITS	Category/Type
	Candidate Name MICHELE BACHMANN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.4 Date of Disbursement 04 / 30 / 2010
	Mailing Address PO BOX 25950	Amount of Each Disbursement this Period 25.00
	City WOODBURY State MN Zip Code 55125	
	Purpose of Disbursement EARMARKED FROM TERRY ADAMS	Category/Type
	Candidate Name MICHELE BACHMANN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1035.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 301 / 322

<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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM ROBERT OTTO <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.40 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM ALLEN WARREN <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.41 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS <hr/> Mailing Address PO BOX 25950 <hr/> City WOODBURY State MN Zip Code 55125 <hr/> Purpose of Disbursement EARMARKED FROM MACK HAYES <hr/> Candidate Name MICHELE BACHMANN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.42 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 10.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	135.00
<b>TOTAL</b> 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 302 / 322

<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.43 Date of Disbursement 04 / 30 / 2010	
	Mailing Address PO BOX 25950		
	City <b>WOODBURY</b> State <b>MN</b> Zip Code <b>55125</b>	Amount of Each Disbursement this Period	25.00
	Purpose of Disbursement EARMARKED FROM PAUL HINTERMEYER		
	Candidate Name <b>MICHELE BACHMANN</b>	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MN District: 06		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.44 Date of Disbursement 04 / 30 / 2010	
	Mailing Address PO BOX 25950		
	City <b>WOODBURY</b> State <b>MN</b> Zip Code <b>55125</b>	Amount of Each Disbursement this Period	10.00
	Purpose of Disbursement EARMARKED FROM BRYAN BUTTERFIELD		
	Candidate Name <b>MICHELE BACHMANN</b>	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MN District: 06		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.45 Date of Disbursement 04 / 30 / 2010	
	Mailing Address PO BOX 25950		
	City <b>WOODBURY</b> State <b>MN</b> Zip Code <b>55125</b>	Amount of Each Disbursement this Period	50.00
	Purpose of Disbursement EARMARKED FROM CAROL CREGO		
	Candidate Name <b>MICHELE BACHMANN</b>	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MN District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>85.00</b>
<b>TOTAL</b> 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 303 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.46 Date of Disbursement
	Mailing Address PO BOX 25950	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement: EARMARKED FROM DAN BASEL	<input type="text" value="10.00"/>
	Candidate Name: MICHELE BACHMANN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.5 Date of Disbursement
	Mailing Address PO BOX 25950	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement: EARMARKED FROM FRED BILLS	<input type="text" value="25.00"/>
	Candidate Name: MICHELE BACHMANN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.6 Date of Disbursement
	Mailing Address PO BOX 25950	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement: EARMARKED FROM ELSIE VAN WOERKOM	<input type="text" value="25.00"/>
	Candidate Name: MICHELE BACHMANN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 304 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.7
	Mailing Address PO BOX 25950	Date of Disbursement 04 / 30 / 2010
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement: EARMARKED FROM RUBEN SHIRINIAN	Category/Type
	Candidate Name: MICHELE BACHMANN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.8
	Mailing Address PO BOX 25950	Date of Disbursement 04 / 30 / 2010
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement: EARMARKED FROM GARY LACEY	Category/Type
	Candidate Name: MICHELE BACHMANN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23COND.9
	Mailing Address PO BOX 25950	Date of Disbursement 04 / 30 / 2010
	City: WOODBURY State: MN Zip Code: 55125	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement: EARMARKED FROM MORGAN MCCOMB	Category/Type
	Candidate Name: MICHELE BACHMANN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	50.00
<b>TOTAL</b> 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BOOZMAN FOR ARKANSAS	Transaction ID: SB23.20 Date of Disbursement
	Mailing Address 322 NORTH BLOOMINGTON STE A-B	<input type="text" value="06"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LOWELL State AR Zip Code 72745	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="3000.00"/>
	Candidate Name JOHN BOOZMAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BROWBACK FOR PRESIDENT DEBT RETIREMENT	Transaction ID: SB23.15 Date of Disbursement
	Mailing Address 2436 SW CAMELOT PL	<input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City TOPEKA State KS Zip Code 66614	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION- DEBT RETIREMENT	<input type="text" value="2500.00"/>
	Candidate Name SAMUEL BROWBACK	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY DEBT RETIRE

C.	Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010	Transaction ID: SB23.32 Date of Disbursement
	Mailing Address PO BOX 977	<input type="text" value="04"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MUSKOGEE State OK Zip Code 74402	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2400.00"/>
	Candidate Name THOMAS COBURN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7900.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 306 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
CRAWFORD FOR CONGRESS

Transaction ID: SB23.17  
Date of Disbursement

Mailing Address PO BOX 16956

/   /

City JONESBORO State AR Zip Code 72403

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name  
ERIC CRAWFORD

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: AR District: 01

B.

Full Name (Last, First, Middle Initial)  
DEMINT FOR SENATE COMMITTEE INC

Transaction ID: SB23.21  
Date of Disbursement

Mailing Address PO BOX 12425

/   /

City COLUMBIA State SC Zip Code 29211

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name  
JAMES DEMINT

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: SC District: 00

C.

Full Name (Last, First, Middle Initial)  
DEMMEER FOR CONGRESS

Transaction ID: SB23.13  
Date of Disbursement

Mailing Address 502 2ND ST NE PO BOX 6

/   /

City HAYFIELD State MN Zip Code 55940

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name  
RANDY DEMMEER

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: MN District: 01

SUBTOTAL of Disbursements This Page (optional) .....

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) DEMMER FOR CONGRESS Mailing Address 502 2ND ST NE PO BOX 6 City HAYFIELD State MN Zip Code 55940 Purpose of Disbursement EARMARKED FROM MICHAEL GREENHECK Candidate Name RANDY DEMMER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.47 Date of Disbursement 04 / 30 / 2010
	Amount of Each Disbursement this Period 100.00

<b>B.</b> Full Name (Last, First, Middle Initial) DJOU FOR HAWAII Mailing Address PO BOX 235280 City HONOLULU State HI Zip Code 96823 Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES DJOU Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12 Date of Disbursement 04 / 07 / 2010
	Amount of Each Disbursement this Period 2400.00

<b>C.</b> Full Name (Last, First, Middle Initial) DJOU FOR HAWAII Mailing Address PO BOX 235280 City HONOLULU State HI Zip Code 96823 Purpose of Disbursement EARMARKED FROM NANCY DOMAILLE Candidate Name CHARLES DJOU Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.48 Date of Disbursement 04 / 30 / 2010
	Amount of Each Disbursement this Period 100.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2600.00
<b>TOTAL</b> 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 308 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>DOLD FOR CONGRESS</b></p> <p>Mailing Address PO BOX 8145</p> <p>City NORTHFIELD State IL Zip Code 60093</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ROBERT DOLD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.16 <b>Date of Disbursement</b> 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>DOLD FOR CONGRESS</b></p> <p>Mailing Address PO BOX 8145</p> <p>City NORTHFIELD State IL Zip Code 60093</p> <p>Purpose of Disbursement EARMARKED FROM PHILIP MUSSER</p> <p>Candidate Name ROBERT DOLD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23COND.49 <b>Date of Disbursement</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>DUFFY FOR CONGRESS</b></p> <p>Mailing Address PO BOX 186</p> <p>City ASHLAND State WI Zip Code 54806</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name SEAN DUFFY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11 <b>Date of Disbursement</b> 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4900.00

**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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DUFFY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.50 Date of Disbursement 05 / 24 / 2010	
	Mailing Address PO BOX 186		
	City ASHLAND State WI Zip Code 54806	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement EARMARKED FROM STUTZMAN JONI		
	Candidate Name SEAN DUFFY	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: WI District: 07		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DUFFY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.51 Date of Disbursement 05 / 24 / 2010	
	Mailing Address PO BOX 186		
	City ASHLAND State WI Zip Code 54806	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement EARMARKED FROM MICHAEL MOHRHAUSER		
	Candidate Name SEAN DUFFY	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: WI District: 07		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DUFFY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.52 Date of Disbursement 05 / 24 / 2010	
	Mailing Address PO BOX 186		
	City ASHLAND State WI Zip Code 54806	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement EARMARKED FROM MICHAEL MOHRHAUSER		
	Candidate Name SEAN DUFFY	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: WI District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 310 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS	Transaction ID: SB23COND.53 Date of Disbursement 05 / 24 / 2010
	Mailing Address PO BOX 186	Amount of Each Disbursement this Period 100.00
	City ASHLAND State WI Zip Code 54806	
	Purpose of Disbursement EARMARKED FROM MICHAEL MOHRHAUSER	Category/ Type
	Candidate Name SEAN DUFFY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 07	
B.	Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS	Transaction ID: SB23COND.54 Date of Disbursement 05 / 24 / 2010
	Mailing Address PO BOX 186	Amount of Each Disbursement this Period 100.00
	City ASHLAND State WI Zip Code 54806	
	Purpose of Disbursement EARMARKED FROM DANIEL O'NEIL	Category/ Type
	Candidate Name SEAN DUFFY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 07	
C.	Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS	Transaction ID: SB23COND.55 Date of Disbursement 05 / 24 / 2010
	Mailing Address PO BOX 186	Amount of Each Disbursement this Period 20.00
	City ASHLAND State WI Zip Code 54806	
	Purpose of Disbursement EARMARKED FROM CAROL PRUDHON	Category/ Type
	Candidate Name SEAN DUFFY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	220.00
<b>TOTAL</b> 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 311 / 322

<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DUFFY FOR CONGRESS</b>  Mailing Address PO BOX 186  City ASHLAND State WI Zip Code 54806  Purpose of Disbursement EARMARKED FROM VIVIAN BENNETT  Candidate Name SEAN DUFFY  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.56 Date of Disbursement 05 / 24 / 2010  Amount of Each Disbursement this Period 200.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DUFFY FOR CONGRESS</b>  Mailing Address PO BOX 186  City ASHLAND State WI Zip Code 54806  Purpose of Disbursement EARMARKED FROM SPITZ ROSS  Candidate Name SEAN DUFFY  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.57 Date of Disbursement 05 / 24 / 2010  Amount of Each Disbursement this Period 50.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DUFFY FOR CONGRESS</b>  Mailing Address PO BOX 186  City ASHLAND State WI Zip Code 54806  Purpose of Disbursement EARMARKED FROM LUCAS JOSHUA  Candidate Name SEAN DUFFY  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.58 Date of Disbursement 05 / 24 / 2010  Amount of Each Disbursement this Period 25.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	275.00
<b>TOTAL</b> 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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement

CONTRIBUTION

Candidate Name  
JOE HECK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Transaction ID: SB23.33

Date of Disbursement

04 / 27 / 2010

Amount of Each Disbursement this Period

2400.00

B.

Full Name (Last, First, Middle Initial)  
HOEVEN FOR SENATE

Mailing Address PO BOX 15114

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
EARMARKED FROM PHILIP MUSSER

Candidate Name  
JOHN HOEVEN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Transaction ID: SB23COND.59

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)  
HOEVEN FOR SENATE

Mailing Address PO BOX 15114

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
EARMARKED FROM PATRICK RUFFINI

Candidate Name  
JOHN HOEVEN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Transaction ID: SB23COND.60

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

1.00

SUBTOTAL of Disbursements This Page (optional) .....

2501.00

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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) JEFF DUNCAN FOR CONGRESS</p> <p>Mailing Address PO BOX 732</p> <p>City CLINTON State SC Zip Code 29395</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JEFF DUNCAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.24 <b>Date of Disbursement:</b> 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JIM RENACCI FOR CONGRESS</p> <p>Mailing Address 150 SMOKERISE DR</p> <p>City WADSWORTH State OH Zip Code 44281</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JAMES RENACCI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18 <b>Date of Disbursement:</b> 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JOE WILSON FOR CONGRESS</p> <p>Mailing Address PO BOX 2145</p> <p>City WEST COLUMBIA State SC Zip Code 29171</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOE WILSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.23 <b>Date of Disbursement:</b> 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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 314 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) KINZINGER FOR CONGRESS	Transaction ID: SB23.28 Date of Disbursement 04 / 27 / 2010
	Mailing Address PO BOX 1050	
	City BOURBONNAIS State IL Zip Code 60914	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement CONTRIBUTION Candidate Name ADAM KINZINGER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B.	Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.31 Date of Disbursement 04 / 27 / 2010
	Mailing Address PO BOX 8	
	City WINNETKA State IL Zip Code 60093	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement CONTRIBUTION Candidate Name MARK KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C.	Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE	Transaction ID: SB23.14 Date of Disbursement 05 / 10 / 2010
	Mailing Address 2030 SOUTH DOUGLAS RD STE 105	
	City CORAL GABLES State FL Zip Code 33134	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement CONTRIBUTION Candidate Name MARCO RUBIO Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7200.00</b>
<b>TOTAL</b> 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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) MULVANEY FOR CONGRESS</p> <p>Mailing Address 9789 CHARLOTTE HIGHWAY STE 400-255</p> <p>City INDIAN LAND State SC Zip Code 29707</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOHN MULVANEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.30 <b>Date of Disbursement:</b> 04 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS</p> <p>Mailing Address 5035 TOWNSHIP LINE RD PO BOX 308</p> <p>City DREXEL HILL State PA Zip Code 19026</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name PATRICK MEEHAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.27 <b>Date of Disbursement:</b> 04 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE</p> <p>Mailing Address PO BOX 39</p> <p>City TERRACE PARK State OH Zip Code 45174</p> <p>Purpose of Disbursement EARMARKED FROM BRIAN HALEY</p> <p>Candidate Name ROB PORTMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23COND.61 <b>Date of Disbursement:</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... **4801.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 316 / 322

<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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) <b>PORTMAN FOR SENATE COMMITTEE</b>	<b>Transaction ID:</b> SB23COND.62
	Mailing Address <b>PO BOX 39</b>	Date of Disbursement MM / DD / YYYY 04 / 30 / 2010
	City <b>TERRACE PARK</b> State <b>OH</b> Zip Code <b>45174</b>	Amount of Each Disbursement this Period 1.00
	Purpose of Disbursement <b>EARMARKED FROM KATIE TRAMONTE</b>	Category/ Type
	Candidate Name <b>ROB PORTMAN</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>00</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>RANDY HULTGREN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.19
	Mailing Address <b>PO BOX 39</b>	Date of Disbursement MM / DD / YYYY 06 / 23 / 2010
	City <b>BATAVIA</b> State <b>IL</b> Zip Code <b>60510</b>	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement <b>CONTRIBUTION</b>	Category/ Type
	Candidate Name <b>RANDY HULTGREN</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IL</b> District: <b>14</b>	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>STEVE CHABOT FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.29
	Mailing Address <b>3030 HARRISON AVE</b>	Date of Disbursement MM / DD / YYYY 04 / 27 / 2010
	City <b>CINCINNATI</b> State <b>OH</b> Zip Code <b>45211</b>	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement <b>CONTRIBUTION</b>	Category/ Type
	Candidate Name <b>STEVE CHABOT</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>01</b>	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4401.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) <b>TIM BURNS FOR CONGRESS</b> Mailing Address PO BOX 4483 City EIGHTY FOUR State PA Zip Code 15330 Purpose of Disbursement EARMARKED FROM HURST KAREN Candidate Name TIMOTHY BURNS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.63 Date of Disbursement 05 / 10 / 2010 Amount of Each Disbursement this Period 30.00 Category/Type
B.	Full Name (Last, First, Middle Initial) <b>TIM SCOTT FOR CONGRESS</b> Mailing Address 1405 ASHLEY RIVER RD City CHARLESTON State SC Zip Code 29407 Purpose of Disbursement CONTRIBUTION Candidate Name TIMOTHY SCOTT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.22 Date of Disbursement 06 / 30 / 2010 Amount of Each Disbursement this Period 2000.00 Category/Type
C.	Full Name (Last, First, Middle Initial) <b>TOOMEY FOR SENATE COMMITTEE</b> Mailing Address 2720 JORDAN RD City OREFIELD State PA Zip Code 18069 Purpose of Disbursement EARMARKED FROM PHILIP MUSSER Candidate Name PATRICK TOOMEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23COND.64 Date of Disbursement 04 / 30 / 2010 Amount of Each Disbursement this Period 100.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2130.00

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 318 / 322

<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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
TREY GOWDY FOR CONGRESS

Mailing Address PO BOX 3324

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
TREY GOWDY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: SC District: 04

Transaction ID: SB23.25

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District: 00

Transaction ID: SB23.26

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....

65306.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 319 / 322

<input 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 checked="" 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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
JOHN GIBBS

Mailing Address 9533 VIRGINIA AVE S

City BLOOMINGTON State MN Zip Code 55438

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28A.1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... ▶

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 320 / 322

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
CHRIS ROY FOR SECRETARY OF STATE

Mailing Address PO BOX 53

City WILLISTON State VT Zip Code 05495

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF BRIAN DUBIE

Mailing Address PO BOX 133

City ESSEX JUNCTION State VT Zip Code 05453

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
KASICH FOR GOVERNOR

Mailing Address PO BOX 06590

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**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 321 / 322

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
NIKKI HALEY FOR GOVERNOR

Mailing Address PO BOX 47

City LEXINGTON State SC Zip Code 29071

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB29.3

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
SUSANA MARTINEZ FOR GOVERNOR

Mailing Address PO BOX 14025

City LAS CRUCES State NM Zip Code 88013

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB29.1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> REPUBLICAN GOVERNORS ASSOCIATION			Nature of Debt (Purpose): TRAVEL
Mailing Address 1747 PENNSYLVANIA AVE NW STE 250			
City WASHINGTON	State DC	ZIP Code 20006	

Outstanding Balance Beginning This Period 2666.03		<b>Transaction ID: SD9.1</b>	
Amount Incurred This Period 0.00	Payment This Period 2666.03	Outstanding Balance at Close of This Period 0.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	0.00
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	0.00