

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

TO ORGANIZE A MAJORITY PAC (TOMPAC)

ADDRESS (number and street) PO BOX 752
 Check if different than previously reported. (ACC)
 DES MOINES IA 50303

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

C00385732

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

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

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

Election on _____ in the State of _____

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

Election on 11 02 2010 in the State of _____

5. Covering Period 10 01 2010 through 11 22 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 Theresa Kehoe

Signature of Treasurer Electronically Filed by Theresa Kehoe Date 04 09 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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>X</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>	X	Y	Y	Y	2	0	1	0		36987.91
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	3819.05									
(c) Total Receipts (from Line 19)	100465.00	253265.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	104284.05	290252.91								
7. Total Disbursements (from Line 31)	34930.50	220899.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69353.55	69353.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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)	58900.00	114450.00
(ii) Unitemized	12065.00	13315.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	70965.00	127765.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	29500.00	120500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	100465.00	248265.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	100465.00	253265.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	100465.00	253265.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12430.50	46399.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12430.50	46399.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	5000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	22500.00	168500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	34930.50	220899.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34930.50	220899.36

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)	100465.00	248265.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100465.00	247265.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12430.50	46399.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12430.50	46399.36

**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 / 30
	<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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) Barry Barresi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0		
	Mailing Address 659 Spyglass Summit Dr		Transaction ID: SA11AI.13861		
	City Chesterfield	State MO	Zip Code 63017	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Optometrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Ronald Benner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0		
	Mailing Address 1408 E Maryland Ln		Transaction ID: SA11AI.13891		
	City Laurel	State MT	Zip Code 59044	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Optometrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Gregory Besler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0		
	Mailing Address 11401 W 149th St		Transaction ID: SA11AI.13768		
	City Overland Park	State KS	Zip Code 66221	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Optometrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 7 / 30
	<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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) Abhijit Bose		Date of Receipt
	Mailing Address 11007 66th Rd Apt 2A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Forest Hills	NY	11375
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.13726
Name of Employer none		Occupation none	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"/> 2400.00

B.	Full Name (Last, First, Middle Initial) Dipty Bose		Date of Receipt
	Mailing Address 11007 66th Rd Apt 2A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Forest Hills	NY	11375
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.13723
Name of Employer none		Occupation none	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"/> 2400.00

C.	Full Name (Last, First, Middle Initial) Dipty Bose		Date of Receipt
	Mailing Address 11007 66th Rd Apt 2A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Forest Hills	NY	11375
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.13724
Name of Employer none		Occupation none	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"/> 4800.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 7200.00
TOTAL 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 8 / 30
	<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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) Dori Carlson Helgeson	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address PO Box O	Transaction ID: SA11AI.13785
	City State Zip Code Park River ND 58270	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Heartland Eye Care	Occupation Optometrist	
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) Trevor Cleveland	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 3726 Robbie St	Transaction ID: SA11AI.13905
	City State Zip Code Eugene OR 97404	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Complete Vision Ctr	Occupation Optometrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) David Cockrell	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 6111 W Canterbury St	Transaction ID: SA11AI.13778
	City State Zip Code Stillwater OK 74074	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cockrell Eye Care	Occupation Optometrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
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 / 30
	<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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) David Cockrell		Date of Receipt	
	Mailing Address 6111 W Canterbury St		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.13867
	Stillwater	OK	74074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Cockrell Eye Care		Occupation Optometrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

B.	Full Name (Last, First, Middle Initial) Gilan Cockrell		Date of Receipt	
	Mailing Address 739 Road 200		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.13783
	Emporia	KS	66801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer self		Occupation Optometrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Susan Davis		Date of Receipt	
	Mailing Address PO Box 204		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.13843
	Marengo	IA	52301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self		Occupation Optometrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 10 / 30
(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
Joseph Digirolamo

Mailing Address 1460 Brentwood Way

City State Zip Code
Earlsville VA 22936

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

Name of Employer Primary EyeCare Occupation optometrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.13857

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 3516 Bluestem Rd

City State Zip Code
Norwalk IA 50211

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

Name of Employer IA Optometric Assoc Occupation Exec. Dir.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: SA11AI.13849

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Joe Ellis

Mailing Address PO Box 256

City State Zip Code
Benton KY 42025

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

Name of Employer Self Occupation Optometrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: SA11AI.13871

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 30
(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
Herman Ginger

Mailing Address 3901 Divoky Rd

City State Zip Code
Pine Bluff AR 71603

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

Name of Employer Self Occupation Optometrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.13780

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
L Nance Guenther-Peterson

Mailing Address 1332 Estuary Trl

City State Zip Code
Delray Beach FL 33483

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

Name of Employer U.S. Strategies Occupation Senior 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
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.13720

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Candace Hamel

Mailing Address PO Box 358

City State Zip Code
Estacada OR 97023

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

Name of Employer Self Occupation Optometrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.13913

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

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

Mailing Address 820 Harrison Rd

City State Zip Code
New Braunfels TX 78132

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

Name of Employer CEO Occupation Scooter Store

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

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

Transaction ID: SA11AI.13786

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Terry Hawks

Mailing Address 12539 Flint St

City State Zip Code
Overland Park KS 66213

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

Name of Employer Self Occupation Optometrist

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

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

Transaction ID: SA11AI.13770

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Doug Herriott

Mailing Address 980 NW High Point Dr

City State Zip Code
Lees Summit MO 64081

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

Name of Employer Self Occupation Optometrist

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

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

Transaction ID: SA11AI.13855

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **5750.00**

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 / 30
(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<p>A. Full Name (Last, First, Middle Initial) Mark Herriott</p> <p>Mailing Address 13912 Goodman St</p> <p>City State Zip Code Overland Park KS 66223</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Self Optometrist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 01 / 2010</p> <p>Transaction ID: SA11AI.13895</p> <p>Amount of Each Receipt this Period 500.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Norman Johnson</p> <p>Mailing Address 828 S Broad St</p> <p>City State Zip Code Scottsboro AL 35768</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Self Optometrist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 22 / 2010</p> <p>Transaction ID: SA11AI.13772</p> <p>Amount of Each Receipt this Period 250.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) David Jones</p> <p>Mailing Address 441 10th St NE</p> <p>City State Zip Code Washington DC 20002</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Capitol Counsel Partner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 29 / 2010</p> <p>Transaction ID: SA11AI.13873</p> <p>Amount of Each Receipt this Period 4500.00</p>
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SUBTOTAL of Receipts This Page (optional)	5250.00
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 / 30

(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
Barry Jose

Mailing Address 1601 Avenue D

City State Zip Code
Council Bluffs IA 51501

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

Name of Employer Self Occupation
Optometrist

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

Date of Receipt

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

Transaction ID: SA11AI.13863

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Jackson Lau

Mailing Address 3325 S Canfield Ave Apt 206

City State Zip Code
Los Angeles CA 90034

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

Name of Employer Primary EyeCare Occupation
Optometrist

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

Date of Receipt

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

Transaction ID: SA11AI.13853

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Gerard Leeds

Mailing Address 17 Hilltop Dr W

City State Zip Code
Great Neck NY 11021

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

Name of Employer OMP Publications, Inc. Occupation
C-Chairperson

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

Date of Receipt

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

Transaction ID: SA11AI.13717

Amount of Each Receipt this Period
5000.00

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 15 / 30
(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
Kathy Loomis

Mailing Address 6436 Spotted Fawn Run

City Littleton State CO Zip Code 80125

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

Name of Employer Kathy Loomis Vision Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.13865
 Amount of Each Receipt this Period: 950.00

B.

Full Name (Last, First, Middle Initial)
Denny Miller

Mailing Address 2 Alexander St

City Alexandria State VA Zip Code 22314

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

Name of Employer Denny Miller & Assoc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: SA11AI.13718
 Amount of Each Receipt this Period: 4000.00

C.

Full Name (Last, First, Middle Initial)
Jeff Miller

Mailing Address 1711 W 6th Ave

City Stillwater State OK Zip Code 74074

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

Name of Employer Self Occupation Optometrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.13869
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 30
	<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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) Robert Moses		Date of Receipt
	Mailing Address 70 E 68th Pl		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Merrillville	IN	46410
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13847
Name of Employer Self		Occupation Optometrist	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" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Mitchell Munson		Date of Receipt
	Mailing Address 9940 Ashleigh Way		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Littleton	CO	80126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13851
Name of Employer Self		Occupation Optometrist	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" value="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Scott Nehring		Date of Receipt
	Mailing Address 32840 S Meridian Rd		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Woodburn	OR	97071
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13907
Name of Employer Self		Occupation Optometrist	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" value="400.00"/>
		<input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1150.00"/>
TOTAL 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 17 / 30

(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)

Jeff Netzel

Mailing Address 1720 S Walton Blvd Ste 2

City State Zip Code
Bentonville AR 72712

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

Name of Employer Occupation
Arkansas Optometric Physi- Optometrist
cians

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11AI.13781

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gary Odom

Mailing Address 119 Dunham Springs Ln

City State Zip Code
Nashville TN 37205

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

Name of Employer Occupation
State of TN Legislator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

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

Transaction ID: SA11AI.13897

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)

J Michael Perik

Mailing Address 1 W Exchange St Unit 3002

City State Zip Code
Providence RI 02903

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

Name of Employer Occupation
Achievement Technologies CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.13914

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) ▶

6700.00

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 / 30

(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) G Geoffrey Peterson		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 501 Slaters Ln Apt 7		Transaction ID: SA11AI.13719		
	City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer US Strategies Corp.	Occupation VP of legislative affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Christopher Quinn		Date of Receipt MM / DD / YYYY 10 / 22 / 2010		
	Mailing Address 9 Garryford Dr		Transaction ID: SA11AI.13776		
	City Middletown	State NJ	Zip Code 07748	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Omni Eye Services	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) William Reynolds		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 200 La Rose Ct		Transaction ID: SA11AI.13845		
	City Richmond	State KY	Zip Code 40475	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Eye Care Center	Occupation Optometrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)

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 19 / 30
	(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) Steven Richlin		Date of Receipt
	Mailing Address 9033 Wilshire Blvd Ste 402		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Beverly Hills	CA	90211
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13893
Name of Employer Self		Occupation Optometrist	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

B.	Full Name (Last, First, Middle Initial) Jason Rogers		Date of Receipt
	Mailing Address 540 Peach Tree Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Gardner	KS	66030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13766
Name of Employer Self		Occupation Optometrist	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"/> 250.00

C.	Full Name (Last, First, Middle Initial) Stefanie Rohler		Date of Receipt
	Mailing Address 1000 Indigo St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Grundy Center	IA	50638
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13859
Name of Employer self		Occupation optometrist	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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL 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 20 / 30
(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
J Richard Salem

Mailing Address 101 East Kennedy Blvd #3320

City Tampa State FL Zip Code 33602

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

Name of Employer Salem Law Group Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.13872
 Amount of Each Receipt this Period: 5000.00

B.

Full Name (Last, First, Middle Initial)
Marsha Simon

Mailing Address 3500 Tilden St NW

City Washington State DC Zip Code 20008

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

Name of Employer MJ Simon & Co Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.13866
 Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
James Vaught

Mailing Address 1305 Collins St

City Conway State SC Zip Code 29526

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

Name of Employer Self Occupation Optometrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.13774
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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 21 / 30

(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)

Dan Vidlak

Mailing Address 460 Lofland Ln

City State Zip Code
Williams OR 97544

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation
Optometrist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.13911

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Wolf

Mailing Address 6129 Churchill Downs Dr

City State Zip Code
West Linn OR 97068

FEC ID number of contributing federal political committee.

C

Name of Employer
Lake Oswego Vision

Occupation
Optometrist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.13909

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

58900.00

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

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

FOR LINE NUMBER: PAGE 22 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A. Full Name (Last, First, Middle Initial)
ASSISTED LIVING FEDERATION OF AMERICA

Mailing Address 1650 King Street
Suite 602

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00338020

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

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

Transaction ID: SA11C.13924

Amount of Each Receipt this Period
3500.00

B. Full Name (Last, First, Middle Initial)
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

Mailing Address 1444 I St NW Ste 700

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00437798

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: SA11C.13923

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 Seventh St, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

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
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11C.13917

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **9500.00**

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 / 30
(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 17 Battery Place

City State Zip Code
New York NY 10004

FEC ID number of contributing federal political committee. **C** C00158576

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 Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11C.13916

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00105981

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 Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11C.13919

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MAXIMUS INC POLITICAL ACTION COMMITTEE (MAXPAC)

Mailing Address 11419 Sunset Hills Road

City State Zip Code
Reston VA 20190

FEC ID number of contributing federal political committee. **C** C00343707

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11C.13920

Amount of Each Receipt this Period
1000.00

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 24 / 30
(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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A. Full Name (Last, First, Middle Initial)
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36th Way
Box 97017

City State Zip Code
Redmond WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

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 Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11C.13918

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
ROCKWELL COLLINS INC. GOOD GOVERNMENT COMMITTEE

Mailing Address 1300 Wilson Blvd. #200

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11C.13915

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SERVICEMASTER GOOD GOVERNMENT FUND

Mailing Address 860 Ridge Lake Boulevard

City State Zip Code
Memphis TN 38120

FEC ID number of contributing federal political committee. **C** C00331363

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 Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11C.13925

Amount of Each Receipt this Period
5000.00

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: PAGE 25 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A. Full Name (Last, First, Middle Initial)
SIDLEY AUSTIN LLP GOOD GOVERNMENT FUND

Mailing Address 787 Seventh Ave

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee. **C** C00351270

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 Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11C.13922

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 600 13th St., NW
Suite 340

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

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 Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11C.13921

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

TOTAL This Period (last page this line number only) ► 29500.00

**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)

<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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<p>A. Full Name (Last, First, Middle Initial) Alamo Rent a Car</p> <p>Mailing Address Des Moines Airport</p> <p>City Des Moines State IA Zip Code 50321</p> <p>Purpose of Disbursement travel exp for TOMPAC</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>Transaction ID: SB21B.13960</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <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="256.20"/></p>
<p>B. Full Name (Last, First, Middle Initial) Bankers Trust</p> <p>Mailing Address 7th & Grand</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement bank service charges</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>Transaction ID: SB21B.13933</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <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="157.93"/></p>
<p>C. Full Name (Last, First, Middle Initial) Chesapeake Graphics</p> <p>Mailing Address 1002 Butterworth Court</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement items for TOMPAC fundraiser</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>Transaction ID: SB21B.13932</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <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="664.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1078.13"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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 27 / 30

<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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) Embassy Club Mailing Address 801 Grand Ave #4000 City Des Moines State IA Zip Code 50309 Purpose of Disbursement catering exp for TOMPAC fundraiser 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: SB21B.13929 Date of Disbursement 10 / 05 / 2010 Amount of Each Disbursement this Period 2000.03	
B.	Full Name (Last, First, Middle Initial) Gold Standard LLC Mailing Address 1930 18th St NW #2 City Washington State DC Zip Code 20009 Purpose of Disbursement Fundraising Consultant for TOMPAC 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: SB21B.13934 Date of Disbursement 10 / 21 / 2010 Amount of Each Disbursement this Period 2750.00	
C.	Full Name (Last, First, Middle Initial) Jeremy Gold Mailing Address 1930 18th St #2 City Washington State DC Zip Code 20009 Purpose of Disbursement travel & catering exp for TOMPAC 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: SB21B.13936 Date of Disbursement 10 / 21 / 2010 Amount of Each Disbursement this Period 4835.99	

SUBTOTAL of Disbursements This Page (optional)	9586.02
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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) Star Catering Mailing Address 2000 Mt Vernon Ave City Alexandria State VA Zip Code 22301 Purpose of Disbursement catering for TOMPAC event 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: SB21B.13964 Date of Disbursement 10 / 07 / 2010 Amount of Each Disbursement this Period 358.49 Category/Type
B.	Full Name (Last, First, Middle Initial) The Suites of 800 Locust Mailing Address 800 Locust City Des Moines State IA Zip Code 50309 Purpose of Disbursement travel exp for TOMPAC 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: SB21B.13962 Date of Disbursement 10 / 12 / 2010 Amount of Each Disbursement this Period 621.60 Category/Type
C.	Full Name (Last, First, Middle Initial) United Airlines Mailing Address PO Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement travel exp for TOMPAC 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: SB21B.13961 Date of Disbursement 10 / 05 / 2010 Amount of Each Disbursement this Period 150.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1130.09
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
travel exp for TOMPAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.13963

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

452.80

SUBTOTAL of Disbursements This Page (optional)

452.80

TOTAL This Period (last page this line number only)

12247.04

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 30

<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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
ALEXI FOR ILLINOIS

Transaction ID: SB23.13935
Date of Disbursement

Mailing Address PO BOX 494

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

City CHICAGO State IL Zip Code 60690

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

2500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 00

Special-General

B.

Full Name (Last, First, Middle Initial)
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Transaction ID: SB23.13942
Date of Disbursement

Mailing Address 120 MARYLAND AVE NE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

15000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
FEINGOLD SENATE COMMITTEE

Transaction ID: SB23.13939
Date of Disbursement

Mailing Address PO BOX 620062

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

City MIDDLETON State WI Zip Code 53562

Amount of Each Disbursement this Period

Purpose of Disbursement
contribution

5000.00

Candidate Name
RUSSELL D FEINGOLD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District: 00

SUBTOTAL of Disbursements This Page (optional)

22500.00

TOTAL This Period (last page this line number only)

22500.00