

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FREE STATE PAC

ADDRESS (number and street) P.O. BOX 9191

Check if different than previously reported. (ACC) Shawnee Mission KS 66201

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00455717

3. IS THIS REPORT NEW (N) OR AMENDED (A)  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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on 11 / 06 / 2012 in the State of KS

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 2012

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 James Tice Clark

Signature of Treasurer James Tice Clark [Electronically Filed] Date 02 / 22 / 2015

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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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**FREE STATE PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="128981.91"/>	<input type="text" value="128981.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="166076.80"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="29232.00"/>	<input type="text" value="406447.14"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="195308.80"/>	<input type="text" value="535429.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="41899.36"/>	<input type="text" value="382019.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="153409.44"/>	<input type="text" value="153409.44"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**FREE STATE PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	12900.00	204400.00
(ii) Unitemized .....	7332.00	68047.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20232.00	272447.14
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9000.00	134000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	29232.00	406447.14
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	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 Transfers (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))..... ▶	29232.00	406447.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29232.00	406447.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	6899.36	145929.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6899.36	145929.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	196090.18
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	1250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1250.00
29. Other Disbursements .....	0.00	38750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	41899.36	382019.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41899.36	382019.61

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	29232.00	406447.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29232.00	405197.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6899.36	145929.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6899.36	145929.43

**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 OF 21
<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)  
**FREE STATE PAC**

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

Mailing Address 2020 N. Bramblewood St.

City Wichita	State KS	Zip Code 67206
-----------------	-------------	-------------------

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

Name of Employer Berexco, LLC	Occupation Executive
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2012

**Transaction ID : SA11AI.5456**

Amount of Each Receipt this Period  
500.00

**B. Mary Clawson**  
Full Name (Last, First, Middle Initial)

Mailing Address 263 Rd. 140

City Santanta	State KS	Zip Code 67870
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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  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2012

**Transaction ID : SA11AI.5476**

Amount of Each Receipt this Period  
1000.00

**C. John O. Farmer III**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 352

City Russell	State KS	Zip Code 67665
-----------------	-------------	-------------------

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

Name of Employer John O. Farmer, Inc	Occupation Petroleum Engineer
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2012

**Transaction ID : SA11AI.5441**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 7 OF 21
<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)  
**FREE STATE PAC**

**A. Joseph Galate**  
Full Name (Last, First, Middle Initial)

Mailing Address 10777 Nall Ave

City Leawood State KS Zip Code 66211

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

Name of Employer Metro Spine & Rehab Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11AI.5458**

Amount of Each Receipt this Period  
 500.00

**B. Lucille Garland**  
Full Name (Last, First, Middle Initial)

Mailing Address 912 Scannelitown Rd.

City West Chester State PA Zip Code 19382

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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11AI.5465**

Amount of Each Receipt this Period  
 500.00

**C. Bret Healy**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 731

City Chamberlain State SD Zip Code 57325

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

Name of Employer River Bluffs Strategies Occupation 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 Y  
 10 / 31 / 2012

**Transaction ID : SA11AI.5468**

Amount of Each Receipt this Period  
 3500.00

<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 8 OF 21  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. Carl Hildebrand**

Mailing Address 792 N.E 20th St.

City State Zip Code  
Stafford KS 67578

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 Y Y  
 10 / 25 / 2012  
**Transaction ID : SA11AI.5449**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1012 E. 29th.

City State Zip Code  
Hays KS 67601

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

Name of Employer Occupation  
Self Orthodontist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : SA11AI.5475**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Cecil O'Brate**

Mailing Address 2814 W. Jones Ave.

City State Zip Code  
Garden City KS 67846

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

Name of Employer Occupation  
Plamer Manuf. & Tank Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : SA11AI.5460**

Amount of Each Receipt this Period  
500.00

**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 9 OF 21
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial) <b>A. James O'Dpnnell</b>		Date of Receipt
Mailing Address 9 Kent Road		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Winnetka	IL	60093
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5447</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
DRW Trading	Bond Trader	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jon Pope</b>		Date of Receipt
Mailing Address 100 S. Range Ave.		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Colby	KS	67701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5439</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Peoples State Bank	Banker	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ted Riesinger</b>		Date of Receipt
Mailing Address 7865 Howe Circle		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Prairie Village	KS	66208
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5434</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Retired	Retired	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<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 10 OF 21
<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial) <b>A. Jeanie Shields</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 7315 Hwy 27		<b>Transaction ID : SA11AI.5433</b>
City Goodland	State KS	Zip Code 67735
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Ag Producer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Mildred Sharp</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 3009 N. Cottonwood St.		<b>Transaction ID : SA11AI.5462</b>
City Healy	State KS	Zip Code 67850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Sherwood Songer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 11679 Grant Ave.		<b>Transaction ID : SA11AI.5463</b>
City Shawnee Mission	State KS	Zip Code 66210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<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 11 OF 21
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

**A. Velda Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 475 Road 31

City	State	Zip Code
Bird City	KS	67731

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 ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2012

**Transaction ID : SA11AI.5443**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12900.00

**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 12 OF 21
<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)  
**FREE STATE PAC**

**A. CORRECTIONS CORPORATION OF AMERICA POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 BURTON HILLS BOULEVARD  
 City NASHVILLE State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C** C00366468  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 25 / 2012  
**Transaction ID : SA11C.5453**  
 Amount of Each Receipt this Period 2500.00

**B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 PENNSYLVANIA AVE NW SUITE 900  
 City WASHINGTON State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00024869  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 20 / 2012  
**Transaction ID : SA11C.5469**  
 Amount of Each Receipt this Period 1000.00

**C. Goldman Sachs Group, Inc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00350744  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 05 / 2012  
**Transaction ID : SA11C.5480**  
 Amount of Each Receipt this Period 3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<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 13 OF 21  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010082

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 Y Y  
 10 / 22 / 2012

**Transaction ID : SA11C.5470**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9000.00

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Intrust Bank**

Mailing Address 901 Vermont

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Credit card fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012

**Transaction ID : SB21B.5481**

Amount of Each Disbursement this Period

86.74

Full Name (Last, First, Middle Initial)

**B. Intrust Bank**

Mailing Address 901 Vermont

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Credit Card fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2012

**Transaction ID : SB21B.5498**

Amount of Each Disbursement this Period

360.31

Full Name (Last, First, Middle Initial)

**C. J.P. Morgan Credit**

Mailing Address P.O. Box 4473

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Travel Expenses-Airline

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2012

**Transaction ID : SB21B.5495**

Amount of Each Disbursement this Period

613.60

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

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

1060.65

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. U.S. Airways**

Mailing Address 4000 E. Sky Harbor

City Phoenix State AZ Zip Code 85281

Purpose of Disbursement  
Airfare

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.5495.0**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Travel Expenditures

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.5494**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Mileage to various events

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.5494.0**

Amount of Each Disbursement this Period

[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)

<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Miscellaneous meal expenses

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.5494.1

Amount of Each Disbursement this Period

1	2	8	7	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Senate Dining Room**

Mailing Address Senate Building

City Washington State DC Zip Code 20001

Purpose of Disbursement  
meals

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.5494.2

Amount of Each Disbursement this Period

1	5	9	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Broadmoor Hotel**

Mailing Address P.O. 1439

City Colorado Springs State CO Zip Code 80901

Purpose of Disbursement  
Lodging

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.5494.3

Amount of Each Disbursement this Period

8	6	4	7	9
---	---	---	---	---

[MEMO ITEM]

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

0	0	0
---	---	---

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

0	0	0
---	---	---



**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Fairfield Inn**

Mailing Address 377 Mopar Dr.

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Lodging

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 10 / 2012

**Transaction ID : SB21B.5494.4**

Amount of Each Disbursement this Period

222.56

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. U.S. Airways**

Mailing Address 4000 E. Sky Harbor

City Phoenix State AZ Zip Code 85281

Purpose of Disbursement  
Airfare

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SB21B.5494.6**

Amount of Each Disbursement this Period

711.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Winfrey & Company**

Mailing Address 228 South Washington Street  
Suite B-20

City Alexandra State VA Zip Code 22314

Purpose of Disbursement  
Fundraising Consulting

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SB21B.5491**

Amount of Each Disbursement this Period

1526.24

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

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

1526.24

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Winfrey & Company**

Mailing Address 228 South Washington Street  
Suite B-20

City State Zip Code  
Alexandra VA 22314

Purpose of Disbursement  
Fundraising Consulting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5497**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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)

<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. W TODD AKIN**

Mailing Address PO BOX 31222

City ST LOUIS State MO Zip Code 63131

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : SB23.5486

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. W TODD AKIN**

Mailing Address PO BOX 31222

City ST LOUIS State MO Zip Code 63131

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : SB23.5492

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. GEORGE ALLEN**

Mailing Address 4296 NEITZEV PLACE

City ALEXANDRIA State VA Zip Code 22309

Purpose of Disbursement  
Political Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: VA District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : SB23.5493

Amount of Each Disbursement this Period

5000.00
---------

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

10000.00
----------

**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)

<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. BERG, RICHARD A**

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : SB23.5482

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. DEAN HELLER**

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
Political Contribution

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : SB23.5483

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. TOM SMITH**

Mailing Address 2340 SMITH ROAD

City SCHELOCTA State PA Zip Code 15774

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : SB23.5489

Amount of Each Disbursement this Period

5000.00
---------

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

15000.00
----------

**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)

<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. CHARLES EDWARD JR SUMMERS**

Mailing Address 85 BURNHAM RD

City SCARBOROUGH State ME Zip Code 04074

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ME District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2012

Transaction ID : SB23.5484

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. HEATHER A WILSON**

Mailing Address PO BOX 10248

City ALBUQUERQUE State NM Zip Code 87184

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NM District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

Transaction ID : SB23.5488

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

10000.00

35000.00