

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Freedom First PAC

ADDRESS (number and street) PO BOX 9190

Check if different than previously reported. (ACC)

ST PAUL MN 55109

2. **FEC IDENTIFICATION NUMBER** C00467688

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

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

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

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

Type or Print Name of Treasurer Don Stiles

Signature of Treasurer Electronically Filed by Don Stiles Date 04 15 2010

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

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

A. Form/Schedule : **F3XN**

Transaction ID :

Freedom First PAC PO Box 9190 St. Paul, MN 55109-0190 April 15, 2010 Ms. Ashley A. Carter Campaign Finance Analyst Reports and Analysis Division Federal Election Commission Washington, DC 20463
Dear Ms. Carter: Please find our 2010 April Quarterly report attached. Please be advised that all missing employer information has been requested using best efforts and has been disclosed as such on Schedule A. On Line 21(b), Freedom First PAC discloses payments to other political organizations for travel costs. Freedom First PAC paid the usual and normal charge for these travel costs. All utility costs for Freedom First PAC are included in the cost of office rent. Finally, please be advised that all disbursements disclosed on Line 21(b) were made for PAC purposes. No disbursement disclosed on Line 21(b) was made on behalf of a federal candidate. If you have further questions, please don't hesitate to contact me at 952-212-0228. Sincerely, Don Stiles Treasurer, Freedom First PAC

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Freedom First PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		884075.19
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	884075.19									
(c) Total Receipts (from Line 19)	567778.97	567778.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1451854.16	1451854.16								
7. Total Disbursements (from Line 31)	540768.98	540768.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	911085.18	911085.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	2666.03									
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Freedom First PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

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)	496826.00	496826.00
(ii) Unitemized	65789.50	65789.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	562615.50	562615.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	4450.00	4450.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	567065.50	567065.50
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)	652.00	652.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	61.47	61.47
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))	567778.97	567778.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	567778.97	567778.97

DETAILED SUMMARY PAGE

of Disbursements

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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.....	503768.98	503768.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	503768.98	503768.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26800.00	26800.00
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	5200.00	5200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	10200.00	10200.00
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))..	540768.98	540768.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	540768.98	540768.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	567065.50	567065.50
34. Total Contribution Refunds (from Line 28(d))	10200.00	10200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	556865.50	556865.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	503768.98	503768.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	652.00	652.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	503116.98	503116.98

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PINNACLE DIRECT INC

Nature of Debt (Purpose):
PRINTING

Mailing Address 15260 113TH ST NORTH

City	State	ZIP Code
STILLWATER	MN	55082

Outstanding Balance Beginning This Period

15998.34

Transaction ID: D10001

Amount Incurred This Period

27059.83

Payment This Period

43058.17

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

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

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 / 249	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor REPUBLICAN GOVERNORS ASSOCIATION	Nature of Debt (Purpose): TRAVEL
Mailing Address 1747 PENNSYLVANIA AVE NW STE 250	
City State ZIP Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period	Transaction ID: SD9.1	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2666.03	0.00	2666.03

1) SUBTOTALS This Period This Page (optional).....	2666.03
2) TOTALS This Period (last page this line number only).....	2666.03
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	2666.03

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 249
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. GREGORY E. ABEL

Mailing Address P.O. BOX 657

City State Zip Code
DES MOINES IA 50306

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MID AMERICAN ENERGY EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 21 / 2010
Transaction ID: SA11.3093

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
IRMA AGUIRRE

Mailing Address 495 S. GRAND CENTRAL PARKWAY A-116

City State Zip Code
LAS VEGAS NV 89106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MUNDO OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 02 / 27 / 2010
Transaction ID: SA11A.5119

Amount of Each Receipt this Period
1080.00

IN-KIND CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

C. Full Name (Last, First, Middle Initial)
MS. GEORGIANN AMES

Mailing Address 20335 SAWMILL ROAD

City State Zip Code
JORDAN MN 55352

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 03 / 2010
Transaction ID: SA11.3414

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 7080.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. RAYMOND G. AMES

Mailing Address 2000 AMES DRIVE

City State Zip Code
BURNSVILLE MN 55306-5096

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

Name of Employer Occupation
AMES CONSTRUCTION OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2010

Transaction ID: SA11.3417

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address 2000 AMES DRIVE

City State Zip Code
BURNSVILLE MN 55306

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

Name of Employer Occupation
AMES CONSTRUCTION C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2010

Transaction ID: SA11.3415

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JANET R. ANDERSON

Mailing Address 2250 W. LAKE OF THE ISLES PKWY.

City State Zip Code
MINNEAPOLIS MN 55405

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2010

Transaction ID: SA11.4480

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 20000.00

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 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. BRADBURY H. ANDERSON

Mailing Address 2250 W. LAKE OF THE ISLES PKWY.

City State Zip Code
MINNEAPOLIS MN 55405

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 25 / 2010
Transaction ID: SA11.4481
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MRS. JANET R. ANDERSON

Mailing Address 2250 W. LAKE OF THE ISLES PKWY.

City State Zip Code
MINNEAPOLIS MN 55405

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 25 / 2010
Transaction ID: SA11.4480B
Amount of Each Receipt this Period: -5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. MATTHEW F. ANDRESEN

Mailing Address 57 E. ELM STREET

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: SA11.3101
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MS. TERESA M. ANDRESEN	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 57 E. ELM STREET	Transaction ID: SA11.3637
	City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) MR. JOHN F. APITZ	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 1831 HUNTER LANE	Transaction ID: SA11.3222
	City State Zip Code MENDOTA HEIGHTS MN 55118	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation MESSERLI & KRAMER ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. DAVID J. ARCAND	Date of Receipt MM / DD / YYYY 02 / 17 / 2010
	Mailing Address 5702 JENNI LANE	Transaction ID: SA11.3556
	City State Zip Code WHITE BEAR LANE MN 55110	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation NEW HORIZON KIDS QUEST UPOF TECHNICAL OPERATIONS	
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)	6250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MRS. JENNIFER ASP
Mailing Address 5101 KIMBERLY ROAD
City MINNETONKA State MN Zip Code 55345
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 26 / 2010
Transaction ID: SA11.3216
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. TANI AUSTIN
Mailing Address P.O. BOX 702545
City DALLAS State TX Zip Code 75370-2545
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 08 / 2010
Transaction ID: SA11.3433
Amount of Each Receipt this Period 5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE (2009)

C. Full Name (Last, First, Middle Initial)
MRS. TANI AUSTIN
Mailing Address P.O. BOX 702545
City DALLAS State TX Zip Code 75370-2545
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 17 / 2010
Transaction ID: SA11.3663
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

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 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM AUSTIN
Mailing Address P.O. BOX 702545
City DALLAS State TX Zip Code 75370-2545
FEC ID number of contributing federal political committee. **C**
Name of Employer STARKEY LABORATORIES Occupation FOUNDER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 08 / 2010
Transaction ID: SA11.3434
Amount of Each Receipt this Period -5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION TO SPOUSE (2009)

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM AUSTIN
Mailing Address P.O. BOX 702545
City DALLAS State TX Zip Code 75370-2545
FEC ID number of contributing federal political committee. **C**
Name of Employer STARKEY LABORATORIES Occupation FOUNDER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 17 / 2010
Transaction ID: SA11.3664
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. KATHY BAILEY
Mailing Address 10 W. BELLEFONTE AVENUE
City ALEXANDRIA State VA Zip Code 22301
FEC ID number of contributing federal political committee. **C**
Name of Employer BAILEY LAW GROUP P.C. Occupation ATTORNEY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 04 / 2010
Transaction ID: SA11.4006
Amount of Each Receipt this Period 250.00
CONTRIBUTION

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 15 / 249
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial) MS. ELIZABETH BAIRD		Date of Receipt MM / DD / YYYY 03 / 04 / 2010
Mailing Address 8023 OLD DOMINION DRIVE		Transaction ID: SA11.3957
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer O'MELVENY & MYERS	Occupation ATTORNEY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) MS. ELIZABETH BAIRD		Date of Receipt MM / DD / YYYY 03 / 30 / 2010
Mailing Address 8023 OLD DOMINION DRIVE		Transaction ID: SA11.4650
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer O'MELVENY & MYERS	Occupation ATTORNEY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) MR. DAVID BAKER		Date of Receipt MM / DD / YYYY 01 / 21 / 2010
Mailing Address 800 LA SALLE AVENUE FLOOR 14		Transaction ID: SA11.3051
City MINNEAPOLIS	State MN	Zip Code 55402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CENTER POINT ENERGY	Occupation REGION V.P., MINNESOTA	CONTRIBUTION
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)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
CENTERPOINT ENERGY MINNESOTA CONDUIT FUND

Mailing Address 800 LASALLE AVE

City State Zip Code
MINNEAPOLIS MN 55402

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 21 / 2010
Transaction ID: SA11.CONDUIT1
Amount of Each Receipt this Period: 250.00
CONDUIT CONTRIBUTION
[MEMO ITEM]
CONDUIT CONTRIBUTION - DAVID BAKER

B. Full Name (Last, First, Middle Initial)
MR. LOOE BAKER, III

Mailing Address 10040 E. HAPPY VALLEY ROAD
UNIT 683

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 01 / 26 / 2010
Transaction ID: SA11.3139
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LOOE BAKER, III

Mailing Address 10040 E. HAPPY VALLEY ROAD
UNIT 683

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 03 / 2010
Transaction ID: SA11.3416
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

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 17 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. BRADLEY E. BAKKEN

Mailing Address 2525 THOROUGHbred LANE

City State Zip Code
ORONO MN 55356

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

Name of Employer Occupation
CITIZENS IND. BANKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4255

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. KEVIN R. BALL

Mailing Address 5709 PARKWOOD LANE

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
MILLER MILLING ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3055

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHARLES L. BARRY

Mailing Address 5959 TRENTON LANE N.

City State Zip Code
PLYMOUTH MN 55442

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

Name of Employer Occupation
TWIN CITY FAN CHIEF EXECUTIVE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4249

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. RONALD O. BAUKOL

Mailing Address 70 SPRUCE STREET

City MAHTOMEDI State MN Zip Code 55115

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 ▼ 5000.00

Date of Receipt: 02 / 26 / 2010
Transaction ID: SA11.3666
 Amount of Each Receipt this Period: 10000.00
 CONTRIBUTION
 SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. GAY LYNN BAUKOL

Mailing Address 70 SPRUCE STREET

City MAHTOMEDI State MN Zip Code 55115

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 ▼ 5000.00

Date of Receipt: 02 / 26 / 2010
Transaction ID: SA11.5041
 Amount of Each Receipt this Period: 5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. RONALD O. BAUKOL

Mailing Address 70 SPRUCE STREET

City MAHTOMEDI State MN Zip Code 55115

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 ▼ 5000.00

Date of Receipt: 02 / 26 / 2010
Transaction ID: SA11.3666B
 Amount of Each Receipt this Period: -5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MRS. ASHLEY E. BECKER

Mailing Address 4001 9TH STREET N. #1225

City ARLINGTON State VA Zip Code 22203

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

Name of Employer BOOZ ALLEN HAMILTON Occupation CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2010

Transaction ID: SA11.3953

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS BEDDOW

Mailing Address 19 EDINBURGH LANE

City PINEHURST State NC Zip Code 28374

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 02 / 12 / 2010

Transaction ID: SA11.3483

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GERALD A. BEESON

Mailing Address 14005 BUNRAFTY DRIVE

City ORLAND PARK State IL Zip Code 60467

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

Name of Employer CITADEL INVESTMENT GROUP, L.L.C. Occupation CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 01 / 2010

Transaction ID: SA11.3945

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

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: (check only one)	PAGE 20 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. STEVE BELLUARDO	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 171 OLD GREEN BAY ROAD	Transaction ID: SA11.3946
	City State Zip Code WINNETKA IL 60093	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer CITADEL INVESTMENT GROUP Occupation I.T. MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2500.00	

B.	Full Name (Last, First, Middle Initial) MR. GEORGE B. BENZ	Date of Receipt MM / DD / YYYY 02 / 17 / 2010
	Mailing Address 42145 N. 111TH PLACE	Transaction ID: SA11.3551
	City State Zip Code SCOTTSDALE AZ 85262	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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 250.00	

C.	Full Name (Last, First, Middle Initial) MRS. ALICE BERGAN	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 311 11TH AVENUE S. APARTMENT 301	Transaction ID: SA11.4484
	City State Zip Code FARGO ND 58103	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2500.00	

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 21 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial) MR. JASON BERNICK		Date of Receipt MM / DD / YYYY 02 / 08 / 2010
Mailing Address 40494 COUNTY ROAD 1		Transaction ID: SA11.3471
City RICE	State MN	Zip Code 56367
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BERNICK'S	Occupation CORPORATE AFFAIRS	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) MS. PAMELA BERNICK		Date of Receipt MM / DD / YYYY 02 / 08 / 2010
Mailing Address 515 5TH AVENUE N.		Transaction ID: SA11.3470
City SAINT CLOUD	State MN	Zip Code 56303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FREEDOM FLIGHT INC	Occupation MARKETING	CONTRIBUTION
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) MR. STEVEN BERRY		Date of Receipt MM / DD / YYYY 02 / 19 / 2010
Mailing Address 507 G STREET SW		Transaction ID: SA11.3609
City WASHINGTON	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ALBRIGHT STRATEGIES	Occupation RESEARCH	CONTRIBUTION
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)	▶	800.00
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 22 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. DOUGLAS N. BISCHOFF

Mailing Address P.O. BOX 1252

City State Zip Code
ST. CLOUD MN 56302

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

Name of Employer Occupation
DESIGN ELECTRIC PRESIDENT/OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3110

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES W. BISSONETT

Mailing Address 9263 N. 117TH ST.

City State Zip Code
SCOTTSDALE AZ 85259

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

Name of Employer Occupation
JB SOLUTIONS, LLC BUSINESS CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.3411

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL R. BLAIRE

Mailing Address 10921 N. 140TH WAY

City State Zip Code
SCOTTSDALE AZ 85259

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

Name of Employer Occupation
DIAMONDBACK DAWGS PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2010

Transaction ID: SA11.3419

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. DOUGLAS J. BOSER	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 142 75TH STREET NE	Transaction ID: SA11.4804
	City State Zip Code RICE MN 56367	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. BRIAN BOYLE	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 8401 RAPLEY RIDGE LANE	Transaction ID: SA11.3963
	City State Zip Code POTOMAC MD 20854	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation LAWYER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MR. DAN BRADY	Date of Receipt MM / DD / YYYY 01 / 19 / 2010
	Mailing Address 112 S. MERCER AVENUE	Transaction ID: SA11.2003
	City State Zip Code BLOOMINGTON IL 61701	Amount of Each Receipt this Period -1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer STATE OF ILLINOIS Occupation STATE REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] REATTRIBUTION TO SPOUSE (2009)

SUBTOTAL of Receipts This Page (optional)	750.00
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 24 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MRS. TERI BRADY	Date of Receipt MM / DD / YYYY 01 / 19 / 2010
	Mailing Address 112 S. MERCER AVENUE	Transaction ID: SA11.3103
	City State Zip Code BLOOMINGTON IL 61701	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Aggregate Year-to-Date ▼ 0.00

B.	Full Name (Last, First, Middle Initial) MRS. RACHEL L. BRAND	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 4900 OLD DOMINION DRIVE	Transaction ID: SA11.3970
	City State Zip Code ARLINGTON VA 22207	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer WILMER HALE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation LAWYER Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) MR. DENNIS BRAZIER	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 20622 160TH STREET	Transaction ID: SA11.4590
	City State Zip Code GREENBUSH MN 56726	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer CENTRAL BOILER INC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation BUSINESS OWNER Aggregate Year-to-Date ▼ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
TRACY BRIDGE

Mailing Address 1111 LOUISIANA STREET

City State Zip Code
HOUSTON TX 77002

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

Name of Employer Occupation
CENTER POINT ENERGY DIVISION SENIOR V.P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3057

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRANCIS BERNARD BROGAN, III

Mailing Address 2401 PENNSYLVANIA AVENUE NW
601

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation
SUNSET POINT HOLDINGS PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11A.4743

Amount of Each Receipt this Period
740.00

IN-KIND CONTRIBUTION

IN-KIND: FACILITY RENTAL AND INVITATIONS

C. Full Name (Last, First, Middle Initial)
MR. BRIAN BROOKS

Mailing Address 6818 WEMBERLY WAY

City State Zip Code
MCLEAN VA 22101

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

Name of Employer Occupation
OMELVENY & MYERS LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: SA11.3543

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2990.00

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 26 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. HOE BROWN		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address P.O. BOX 9536		Transaction ID: SA11.4253		
	City TAMPA	State FL	Zip Code 33674	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
	Name of Employer J.B. CARRIE PROPERTIES, INC.	Occupation PRESIDENT	Aggregate Year-to-Date 1000.00		

B.	Full Name (Last, First, Middle Initial) MR. JAMES M. BROWN		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 2660 STONE ARCH ROAD		Transaction ID: SA11.4327		
	City WAYZATA	State MN	Zip Code 55391	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
	Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) MR. MARK BRUNNER		Date of Receipt MM / DD / YYYY 01 / 26 / 2010		
	Mailing Address 1540 HUMBOLDT AVENUE #205		Transaction ID: SA11.3229		
	City WEST SAINT PAUL	State MN	Zip Code 55118	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
	Name of Employer MMHA	Occupation EXECUTIVE	Aggregate Year-to-Date 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. WILLIAM F. BURGE, III	Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address 2028 BUFFALO TERRACE	Transaction ID: SA11.3069
	City State Zip Code HOUSTON TX 77019	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation AYRSHIRE CORPORATION CONTRACTOR & ENGINEER	
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) MR. DOUGLAS J. BURGUM	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 10 TALLGRASS TRAIL	Transaction ID: SA11.4235
	City State Zip Code HORACE ND 58047	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation ARTHUR VENTURES ANGEL INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) MR. MATTHEW A. BURNS	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 250 6TH STREET E. APARTMENT 432	Transaction ID: SA11.3144
	City State Zip Code SAINT PAUL MN 55101	Amount of Each Receipt this Period 550.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation UNITED HEALTH GROUP DIRECTOR, MEDIA RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	3550.00
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 28 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. JAMES M. BYRNE

Mailing Address 1808 PANDA LANE

City State Zip Code
MCLEAN VA 22101

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

Name of Employer Occupation
LOCKHEED & MARTIN ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: SA11.4000

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID R. CARLSEN

Mailing Address 4340 FREMONT AVENUE S.

City State Zip Code
MINNEAPOLIS MN 55409

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

Name of Employer Occupation
UMI COMPANY, INC. MANUFACTURING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2010

Transaction ID: SA11.2955

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOEL D. CARLSON

Mailing Address 26275 WOODLANDS PARKWAY

City State Zip Code
ZIMMERMAN MN 55398

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

Name of Employer Occupation
SELF LEGAL RESEARCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3225

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. GARY M. CERNY		Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address 12518 CROSS CANYON LANE		Transaction ID: SA11.3083
	City CYPRESS	State TX	Zip Code 77433
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer MICHELS		Occupation REGIONAL MARKETING DIRECTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MR. STAN J. CERNY		Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address 6319 WILLOW LANE		Transaction ID: SA11.3096
	City KATY	State TX	Zip Code 77493
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer SELF-EMPLOYED		Occupation INSURANCE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) LISA MARIE CHENEY		Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 6 FORT WILLIAMS PARKWAY		Transaction ID: SA11.3140
	City ALEXANDRIA	State VA	Zip Code 22304
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer PSMA, INC		Occupation CONSULTANT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

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

Mailing Address 8 S. WOODDUCK PLACE

City State Zip Code
SIOUX FALLS SD 57105

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: SA11.3451

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ELIZABETH K. CHRISTIE

Mailing Address 2019 N. KENMORE AVENUE

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: SA11.4460

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN D. CIRKS

Mailing Address 1687 WEDGEWOOD CIRCLE

City State Zip Code
ARDEN HILLS MN 55112

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

Name of Employer Occupation
CIRKS CONSTRUCTION GENERAL CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11.3230

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3750.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER M. COBORN

Mailing Address 3104 DUNBAR ROAD

City State Zip Code
SAINT CLOUD MN 56301

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

Name of Employer Occupation
COBORN'S INC EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: SA11.3454

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM T. COLEMAN, JR.

Mailing Address 1625 EYE STREET NW

City State Zip Code
WASHINGTON DC 20006

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

Name of Employer Occupation
O'MELVENY & MYERS LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: SA11.3962

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ADAM C. COOPER

Mailing Address 3920 N. LAKE SHORE DRIVE
UNIT 17

City State Zip Code
CHICAGO IL 60613

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

Name of Employer Occupation
CITADEL SR. MANAGING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11.3629

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. FRITZ W. CORRIGAN
Mailing Address P.O. BOX 5050

City State Zip Code
CAREFREE AZ 85377

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

Name of Employer Occupation
RETIRED RETIRED

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

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11.4803
Amount of Each Receipt this Period: 10000.00
CONTRIBUTION
SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRITZ W. CORRIGAN
Mailing Address P.O. BOX 5050

City State Zip Code
CAREFREE AZ 85377

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

Name of Employer Occupation
RETIRED RETIRED

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

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11.4803C
Amount of Each Receipt this Period: -5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
MRS. GLENDA K. CORRIGAN
Mailing Address P.O. BOX 5050

City State Zip Code
CAREFREE AZ 85377

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

Name of Employer Occupation
RETIRED RETIRED

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

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11.4803B
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. MARK DOUGLAS COWAN

Mailing Address 8607 TEBBS LANE

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation
PATTON BOGGS LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2010

Transaction ID: SA11.3478

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

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

Mailing Address 1003 ASTER

City State Zip Code
KATY TX 77493

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3068

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ARTHUR B. CULVAHOUSE, JR.

Mailing Address 201 S. LEE STREET

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation
OMELVENY & MYERS LLP LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: SA11.3967

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. MARK DAVIS	Date of Receipt MM / DD / YYYY 01 / 06 / 2010
	Mailing Address P.O. BOX 558	Transaction ID: SA11.3108
	City State Zip Code ST. PETER MN 56082	Amount of Each Receipt this Period -5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer CAMBRIA Occupation CHAIRMAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 0.00	[MEMO ITEM] REATTRIBUTION TO SPOUSE (2009)

B.	Full Name (Last, First, Middle Initial) MRS. MARY DAVIS	Date of Receipt MM / DD / YYYY 01 / 06 / 2010
	Mailing Address P.O. BOX 558	Transaction ID: SA11.3107
	City State Zip Code ST. PETER MN 56082	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 0.00	[MEMO ITEM] REATTRIBUTION FROM SPOUSE (2009)

C.	Full Name (Last, First, Middle Initial) MR. RICHARD K. DAVIS	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 800 NICOLLET MALL US BANK, 23RD FLOOR	Transaction ID: SA11.3228
	City State Zip Code MINNEAPOLIS MN 55402	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer US BANCORP Occupation BANKING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 35 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
AKSHAY DESAI

Mailing Address 1841 BRIGHTWATERS BLVD. NE

City State Zip Code
ST. PETERSBURG FL 33704

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

Name of Employer Occupation
UNIVERSAL HEALTH CARE GRO-UP, INC. PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 180.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: SB21.5117

Amount of Each Receipt this Period
180.00

IN-KIND CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY D. DEVINE

Mailing Address 3622 N. GREENVIEW

City State Zip Code
CHICAGO IL 60613

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

Name of Employer Occupation
CITADEL SECURITIES INVESTMENT BANKER

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

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11.3624

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JON F. DONAHUE

Mailing Address 1001 LIBERTY AVENUE
SUITE 850

City State Zip Code
PITTSBURGH PA 15222

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

Name of Employer Occupation
RETIRED RETIRED

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

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4262

Amount of Each Receipt this Period
4000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 6680.00

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 36 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. JON F. DONAHUE	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 1001 LIBERTY AVENUE SUITE 850	Transaction ID: SA11.4263
	City State Zip Code PITTSBURGH PA 15222	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) MR. JOSEPH F. DONOGHUE	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 2805 ARLINGTON BLVD. #101	Transaction ID: SA11.3972
	City State Zip Code ARLINGTON VA 22201	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation U.S. SENATE LEGISLATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. ARTHUR W.S. DUFF	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 1625 EYE STREET NW	Transaction ID: SA11.3999
	City State Zip Code WASHINGTON DC 20006	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation O'MELVENY & MYERS ATTORNEY	
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)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 37 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. JAMES M. DUMLER

Mailing Address 1111 LOUISIANA STREET

City State Zip Code
HOUSTON TX 77002

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

Name of Employer Occupation
CENTER POINT ENERGY, INC. EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3078

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MISS CAITLIN O. DUNN

Mailing Address 8201 COLLINGDALE WAY

City State Zip Code
MONTGOMERY VILLAGE MD 20886

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

Name of Employer Occupation
FREEDOM FIRST PAC SCHEDULER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: SA11.3481

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL G. DUNN

Mailing Address 2755 E. COTTONWOOD PARKWAY
SUITE 300

City State Zip Code
SALT LAKE CITY UT 84121

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

Name of Employer Occupation
KERN RIVER GAS TRANSMISSION PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3085

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. DANIEL J. DURDA	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 5770 HARDCRABBLE CIRCLE	Transaction ID: SA11.3937
	City State Zip Code MOUND MN 55364	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation AERATION INDUSTRIES INC EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. JOHN A. DUSEK	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 7493 W 147TH ST	Transaction ID: SA11.4746
	City State Zip Code APPLE VALLEY MN 55124	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CONVERGENT COMPUTER CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. LAMAR N. ECHOLS, III	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 1301 N. TROY STREET APARTMENT 217	Transaction ID: SA11.3979
	City State Zip Code ARLINGTON VA 22201	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED ATTORNEY	
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)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 39 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. DAVID G. EDMUNDS

Mailing Address 18551 LEGENDS CLUB CIRCLE

City State Zip Code
PRIOR LAKE MN 55372

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

Name of Employer Occupation
EDWARD KRAEMER & SONS INC V.P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: SA11.3458

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 3533 WINDSOR DRIVE

City State Zip Code
CHARLOTTE NC 28209

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

Name of Employer Occupation
STATE OF NORTH CAROLINA REHABILITATION ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: SA11.4371

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES P. EHLEN

Mailing Address 2920 WINNEBAGO ROAD

City State Zip Code
SARTELL MN 56377

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: SA11.3459

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. THOMAS J. ELLENBECKER

Mailing Address 130 6TH AVENUE NW

City State Zip Code
ST. JOSEPH MN 56374

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

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3128

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BILLIE J. ELLIS

Mailing Address 2825 WILCREST SUITE 300

City State Zip Code
HOUSTON TX 77042

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

Name of Employer Occupation
ELLIS MANAGEMENT CO. PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3067

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS S. EVERIST

Mailing Address 14875 BELLEZZA LANE

City State Zip Code
NAPLES FL 57105

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

Name of Employer Occupation
EVERIST COMPANY MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4265

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. JACK F. FARRELL, JR.
Mailing Address 1785 EMERSON S.
City State Zip Code
MINNEAPOLIS MN 55403
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
HASKELLS WINE MERCHANT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt MM / DD / YYYY
03 / 25 / 2010
Transaction ID: SA11.4482
Amount of Each Receipt this Period
3000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT FELTON
Mailing Address 18007 MOUNTFIELD DRIVE
City State Zip Code
HOUSTON TX 77084
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
F.M.C. INC. AIR ALTERNATIVE PRODUCT & SERVICES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
01 / 21 / 2010
Transaction ID: SA11.3058
Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DOUGLAS W. FENSTERMAKER
Mailing Address 8134 STICKNEY RUN
City State Zip Code
WOODSTUCK IL 60098
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
HURON CONSULTING GROUP HEALTHCARE CONSULTANT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
02 / 17 / 2010
Transaction ID: SA11.3558
Amount of Each Receipt this Period
500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 4500.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 249
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. JOHN A. FERGUSON	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 551 GREENWAY DRIVE	Transaction ID: SA11.3745
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation GOLUB & COMPANY COMMERCIAL REAL ESTATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) LINDA FEULING	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 8585 NE RIVER ROAD	Transaction ID: SA11A.4744
	City State Zip Code RICE MN 56367	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	IN-KIND CONTRIBUTION
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	IN-KIND: FOOD AND BEVERAGE

C.	Full Name (Last, First, Middle Initial) MR. LAWRENCE D. FINDER	Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address 4919 WILLIAMS COURT LANE	Transaction ID: SA11.3075
	City State Zip Code HOUSTON TX 77081	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HAYNES & BOONE LLP ATTORNEY	
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)	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 43 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. MALCOLM FINNANE

Mailing Address 12A INTERLAKEN ROAD

City State Zip Code
ORLANDO FL 32804

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11.4797

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 636 WAYLAND AVENUE

City State Zip Code
KENILWORTH IL 60043

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

Name of Employer SELF-EMPLOYED
Occupation EQUITY TRADING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11.4459

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH G. FOGG, III

Mailing Address 4295 CUTLASS LANE

City State Zip Code
NAPLES FL 34102

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

Name of Employer J.G. FOGG & COMPANY INC.
Occupation C.E.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	0

Transaction ID: SA11.4197

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. LELAND J. FRANKMAN

Mailing Address 7831 23RD AVENUE N.

City State Zip Code
GOLDEN VALLEY MN 55427

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11.3757

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THEODORE H. FRANK

Mailing Address 901 N. MONROE STREET

City State Zip Code
ARLINGTON VA 22201

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

Name of Employer CENTER FOR CLASS ACTION FAIRNESS Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: SA11.3594

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THEODORE H. FRANK

Mailing Address 901 N. MONROE STREET

City State Zip Code
ARLINGTON VA 22201

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

Name of Employer CENTER FOR CLASS ACTION FAIRNESS Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: SA11.4004

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3100.00**

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 45 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. DAVID R. FRAUENSHUH

Mailing Address 6401 INDIAN HILLS ROAD

City State Zip Code
EDINA MN 55439

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

Name of Employer Occupation
FRAUENSHUH, INC. C.E.O. CHAIRMAN & FOUNDER

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

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3213

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID R. FRAUENSHUH

Mailing Address 6401 INDIAN HILLS ROAD

City State Zip Code
EDINA MN 55439

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

Name of Employer Occupation
FRAUENSHUH, INC. C.E.O. CHAIRMAN & FOUNDER

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

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3213B

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
MRS. SANDRA L. FRAUENSHUH

Mailing Address 6401 INDIAN HILLS ROAD

City State Zip Code
MINNEAPOLIS MN 55439

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

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

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3214

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. EUGENE U. FREY

Mailing Address 4351 GULF SHORES BLVD. N.

City State Zip Code
NAPLES FL 34103

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4244

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRIAN GAMACHE

Mailing Address 680 LELAND COURT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Occupation
WMS INDUSTRIES CEO & CHAIRMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: SA11.4457

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PATRICK L. GAROFALO

Mailing Address 5997 193RD STREET WEST

City State Zip Code
FARMINGTON MN 55024

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

Name of Employer Occupation
STATE OF MN STATE REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3145

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **7000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. SAM GEDULDIG	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 1519 PATHFINDER LANE	Transaction ID: SA11.4168
	City State Zip Code MCLEAN VA 22101	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CLARK, LYTLE & GEDULDIG SENIOR PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) MR. PHILIP GEIER	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 10 GRACIE SQUARE	Transaction ID: SA11.4818
	City State Zip Code NEW YORK NY 10028	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation GEIER GROUP, LLC. CONSULTANT	
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) DR. ALAN GILLESPIE	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 6750 SPIRIT LAKE DRIVE #402	Transaction ID: SA11.4461
	City State Zip Code INDIANAPOLIS IN 46220	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CHILDREN'S MEDICAL CENTER PHYSICIAN	
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)	▶	6250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 48 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

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

Mailing Address 1107 HAZELTINE BLVD.
SUITE 200

City State Zip Code
CHASKA MN 55318

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

Name of Employer Occupation
THE GOODMAN GROUOP CHAIRMAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4251

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SIDNEY A. GOODMAN

Mailing Address 1107 HAZELTINE BLVD.
SUITE 200

City State Zip Code
CHASKA MN 55318

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

Name of Employer Occupation
THE GOODMAN GROUP INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4250

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KEVIN P. GOODNO

Mailing Address 200 S. 6TH STREET
SUITE 400

City State Zip Code
MINNEAPOLIS MN 55402

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

Name of Employer Occupation
FREDRIKSON & BYRON, P.A. ATTORNY

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3153

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **10100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 249
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial) MR. KEVIN P. GOODNO		Date of Receipt
Mailing Address 200 S. 6TH STREET SUITE 400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 6 / 2 0 1 0
City	State	Zip Code
MINNEAPOLIS	MN	55402
FEC ID number of contributing federal political committee.		Transaction ID: SA11.3215
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer FREDRIKSON & BYRON, P.A.		CONTRIBUTION
Occupation ATTORNY		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 350.00	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) MR. EUGENE P. GORDON		Date of Receipt
Mailing Address 1680 FRANKLIN DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 2 7 / 2 0 1 0
City	State	Zip Code
FURLONG	PA	18925-1441
FEC ID number of contributing federal political committee.		Transaction ID: SA11.4595
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer RETIRED		CONTRIBUTION
Occupation RETIRED		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) MR. TIMOTHY GARRETT GOULD		Date of Receipt
Mailing Address 192 LINDEN CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 6 / 2 0 1 0
City	State	Zip Code
APPLE VALLEY	MN	55124
FEC ID number of contributing federal political committee.		Transaction ID: SA11.3177
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00
Name of Employer WILLIAM MITCHELL COLLEGE OF LAW		CONTRIBUTION
Occupation LAW STUDENT		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 800.00
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 50 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. TIMOTHY GARRETT GOULD

Mailing Address 192 LINDEN CIRCLE

City State Zip Code
APPLE VALLEY MN 55124

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

Name of Employer Occupation
WILLIAM MITCHELL COLLEGE OF LAW LAW STUDENT

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

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

Transaction ID: SA11.3436

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

Mailing Address 1005 MT. CURVE AVENUE

City State Zip Code
MINNEAPOLIS MN 55403

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

Name of Employer Occupation
THE 614 COMPANY REAL ESTATE

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

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

Transaction ID: SA11.3424

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KENNETH GRIFFIN

Mailing Address 800 N. MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
CITADEL INVESTMENT GROUP FOUNDER & C.E.O.

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

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

Transaction ID: SA11.3948

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 6200.00

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 51 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

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

Mailing Address 8292 LABONT WAY
APARTMENT 212

City State Zip Code
EDEN PRAIRIE MN 55344

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11.3683

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EDWARD GROVES

Mailing Address 7717 GINGERBREAD LANE

City State Zip Code
FAIRFAX STATION VA 22039

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

Name of Employer Occupation
SEDGWICK ATTORNEY

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: SA11.3969

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CURTIS GUDMUNDSON

Mailing Address 18155 3RD AVENUE N.

City State Zip Code
PLYMOUTH MN 55447

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

Name of Employer Occupation
MILESTONE HOTEL INVESTMENTS, INC. EXECUTIVE/PRESIDENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2010

Transaction ID: SA11.3420

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MRS. AIMEE ROGSTAD GUIDERA

Mailing Address 1085 WILLOW VIEW DRIVE

City State Zip Code
ORONO MN 55356

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

Name of Employer Occupation
DATA QUALITY CAMPAIGN DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3217

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

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

Mailing Address 1868 COLUMBIA RD.

City State Zip Code
WASHINGTON DC 20009

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

Name of Employer Occupation
FREEDOM FIRST PAC FINANCE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2010

Transaction ID: SA11.3479

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

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

Mailing Address 4501 GULF SHORE BLVD. N.
APARTMENT 1404

City State Zip Code
NAPLES FL 34103

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11.3667

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 53 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. JEFF HANSEN

Mailing Address 608 OAK COURT

City SAINT CLOUD State MN Zip Code 56304

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

Name of Employer SELF-EMPLOYED Occupation INSURANCE SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 08 / 2010
Transaction ID: SA11.3466
Amount of Each Receipt this Period: 300.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GLENN W. HASSE

Mailing Address 81 SEABATE DRIVE #1503

City NAPLES State FL Zip Code 34103

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: 03 / 19 / 2010
Transaction ID: SA11.4234
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

C.

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

Mailing Address 18424 PIERCE CIRCLE

City OMAHA State NE Zip Code 68130

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

Name of Employer NORTHERN NATURAL GAS COMPANY Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 21 / 2010
Transaction ID: SA11.3095
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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 54 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. DAVID D. HOESCHEN	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 2205 VILLAGE TERRACE	Transaction ID: SA11.4479
	City State Zip Code BLOOMINGTON MN 55431	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HOLIDAY COMPANIES INFORMATION REQUESTED PER BEST EFFORTS	
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) MR. DOUGLAS J. HOLTZ-EAKIN	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 901 N. POLLARD STREET APARTMENT 2307	Transaction ID: SA11.3952
	City State Zip Code ARLINGTON VA 22203	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation DICE CONSULTING LLC ECONOMIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. GARY W. HOOGEVEEN	Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address 1111 S. 103RD STREET	Transaction ID: SA11.3072
	City State Zip Code OMAHA NE 68124	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation NORTHERN NATURAL GAS VICE PRESIDENT OF CUSTOMER SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 55 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

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

Mailing Address 3083 ORDWAY STREET NW

City State Zip Code
WASHINGTON DC 20008-3255

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

Name of Employer Occupation
BAKER BOTTS ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2010

Transaction ID: SA11.3954

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVEN HUNSICKER

Mailing Address 3083 ORDWAY STREET NW

City State Zip Code
WASHINGTON DC 20008-3255

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

Name of Employer Occupation
BAKER BOTTS ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2010

Transaction ID: SA11.3993

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SEAN HURLEY

Mailing Address 844 W. DIVERSEY PKWY

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Occupation
CITADEL INVESTMENT GROUP BUSINESS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2010

Transaction ID: SA11.4012

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MEREDITH ILER	Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address 11410 CARSON FIELD LANE	Transaction ID: SA11.3054
	City State Zip Code CYPRESS TX 77433	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HELPING A. HERO NATIONAL CHAIRMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MRS. MICHELLE E. ILLIES	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 605 17TH STREET N.	Transaction ID: SA11.3465
	City State Zip Code SARTELL MN 56377	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MS. GLORIA J. JACKSON	Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 8601 N. 64TH PLAGE	Transaction ID: SA11.4194
	City State Zip Code PARADISE VALLEY AZ 85253	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CABLEAMERICA OWNER/CORPORATE OFFICER	
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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. PRAVEEN R. JEYARAJAH	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 4321 VERPLANCK PLACE, NW	Transaction ID: SA11.4013
	City State Zip Code WASHINGTON DC 20016	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer CYPRESS GROUP, LLC	Occupation FINANCE	
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) MS. BETTY WOLD JOHNSON	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 62 LAMBERTVILLE-HOPWELL RD.	Transaction ID: SA11.3681
	City State Zip Code HOPEWELL NJ 08525	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
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 ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) MR. BRIAN P. JOHNSON	Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address N7430 NIAGARA LANE	Transaction ID: SA11.3089
	City State Zip Code FOND DU LAC WI 54937	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer MICHELS CORPORATION	Occupation EXECUTIVE VICE PRESIDENT	
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)	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 58 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

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

Mailing Address 7811 W 95TH ST

City State Zip Code
BLOOMINGTON MN 55438-2906

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

Name of Employer OPPENHIEMER LAW FIRM Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
03 / 30 / 2010

Transaction ID: SA11.4673

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 440 DOVE STREET

City State Zip Code
MINNESOTA MN 56068

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 08 / 2010

Transaction ID: SA11.3442

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DON D. JORDAN

Mailing Address 5120 WOODWAY SUITE 9011

City State Zip Code
HOUSTON TX 77056

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3053

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. DANIEL JUNUNEN

Mailing Address 1305 GRIZZLY LANE

City State Zip Code
SARTELL MN 86377

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

Name of Employer Occupation
WELLS CONCRETE CHIEF FINANCIAL OFFICER

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

Date of Receipt

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

Transaction ID: SA11.3441

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. THEODORE W. KASSINGER

Mailing Address 7400 RIDGEWOOD AVENUE

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
O'MELVENY & MYERS LLP LAWYER

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

Date of Receipt

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

Transaction ID: SA11.3964

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

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

Mailing Address 5225 MEADOW CROSSING ROAD SW

City State Zip Code
ROCHESTER MN 55902

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

Name of Employer Occupation
DUNLAP & SEEGER ATTORNEY AT LAW

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: SA11.4557

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MRS. SHEILA C. KIHNE

Mailing Address 11683 WELTERS WAY

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3210

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

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

Mailing Address 121 BUXTON ROAD

City State Zip Code
BEDFORD HILLS NY 10507

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

Name of Employer Occupation
CITADEL SECURITES FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: SA11.4462

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

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

Mailing Address 1685 MARTHALER LANE

City State Zip Code
MENDOTA HEIGHTS MN 55118

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

Name of Employer Occupation
THE TAPEMARK COMPANY CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11.3668

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. MARK L. KNIEF

Mailing Address 529 S. 10TH STREET

City State Zip Code
MINNEAPOLIS MN 55404

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

Name of Employer Occupation
CARGILL, INC. GENERAL MANAGER

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

Date of Receipt

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

Transaction ID: SA11.3129

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

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

Mailing Address 615 GREENWOOD AVENUE

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Occupation
CITADEL INVESTMENT GROUP FINANCE

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

Date of Receipt

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

Transaction ID: SA11.3636

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ANDREW KOLINSKY

Mailing Address 131 S. DEARBORN

City State Zip Code
CHICAGO IL 60603

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

Name of Employer Occupation
CITADEL PRESIDENT, EXECUTION SERVICES

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

Date of Receipt

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

Transaction ID: SA11.3639

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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: (check only one)	PAGE 62 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. ROSS E. KRAMER	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 3750 BLACKHAWK ROAD	Transaction ID: SA11.3220
	City State Zip Code EAGAN MN 55122	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation MESSERLI & KRAMER ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER LANDAU	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 27 QUINCY STREET	Transaction ID: SA11.3956
	City State Zip Code CHEVY CHASE MD 20815	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation KIRKLAND & ELLIS LLP ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. DANIEL LANDWEHR	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address P.O. BOX 1086	Transaction ID: SA11.4145
	City State Zip Code SAINT CLOUD MN 56302	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation LANDWEHR CONST. INC. CONSTRUCTION	
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)	750.00
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 63 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. COURT LARKIN

Mailing Address 8665 BAY COLONY DRIVE
UNIT 702

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4247

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TRAVIS LARSON

Mailing Address 1454 BELMONT ST., NW

City State Zip Code
WASHINGTON DC 20009

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

Name of Employer Occupation
FD COMMUNICATIONS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: SA11.3532

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FRANK H. LAWRENCE

Mailing Address 16302 TAHOE DRIVE

City State Zip Code
HOUSTON TX 77040

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3070

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. JONATHAN L. LEDDEN

Mailing Address 1620 CANTERBURY LANE

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Occupation
CITADEL C.O.O.

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

Date of Receipt

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

Transaction ID: SA11.3635

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. STEVEN B. LIEFSCHULTZ

Mailing Address 5900 GREEN OAK DRIVE
SUITE 100

City State Zip Code
MINNETONKA MN 55343

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

Name of Employer Occupation
EQUITY BANK CHAIRMAN & C.E.O.

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

Date of Receipt

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

Transaction ID: SA11.3439

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

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

Mailing Address 431 S. 159TH AVENUE

City State Zip Code
OMAHA NE 68118

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

Name of Employer Occupation
NORTHERN NATURAL GAS COMP- ANY VICE PRESIDENT OF FINANCE

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

Date of Receipt

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

Transaction ID: SA11.3074

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. KENNETH LIN	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 2147 MILITARY ROAD	Transaction ID: SA11.4007
	City State Zip Code ARLINGTON VA 22207	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation STATESIDE ASSOCIATES ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. STEPHEN L. LINN	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3371 PIONEER PLACE	Transaction ID: SA11.4796
	City State Zip Code STILLWATER MN 55082	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED 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) MR. JOSEPH LOWER	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 460 RED FOX LANE	Transaction ID: SA11.4463
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation BOEING EXECUTIVE	
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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial) MS. HARRIET T. LUDWICK		Date of Receipt MM / DD / YYYY 03 / 22 / 2010
Mailing Address 3200 W. CALHOUN PARKWAY APARTMENT 803		Transaction ID: SA11.4394
City MINNEAPOLIS	State MN	Zip Code 55416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
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) MR. PATRICK E. LYNCH		Date of Receipt MM / DD / YYYY 02 / 08 / 2010
Mailing Address 1616 BLACKBERRY CIRCLE		Transaction ID: SA11.3445
City SARTELL	State MN	Zip Code 56377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation INVESTOR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) LESLIE S. MAGIN		Date of Receipt MM / DD / YYYY 03 / 19 / 2010
Mailing Address 1801 GULF SHORE BLVD. N. #802		Transaction ID: SA11.4260
City NAPLES	State FL	Zip Code 34102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. RICK MANCUSO

Mailing Address 990 NORTH SHORE DR.

City State Zip Code
LAKE BLUFF IL 60044

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

Name of Employer Occupation
LAKE FOREST SPORTSCARS AUTO DEALER

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

Date of Receipt

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

Transaction ID: SA11.3485

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. SARA A. MANLEY

Mailing Address 9262 ALBRIGHT COURT

City State Zip Code
INVER GROVE HEIGHT MN 55077

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

Name of Employer Occupation
FAIR MARKET HOMES OWNER

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

Date of Receipt

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

Transaction ID: SA11.3452

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MARTIN MANNION

Mailing Address 3727 N. PAULINA STREET

City State Zip Code
CHICAGO IL 60613

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

Name of Employer Occupation
CITADEL FINANCE

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

Date of Receipt

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

Transaction ID: SA11.3627

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MRS. CHRISTINE L. MARSH

Mailing Address 1172 8TH AVENUE N.

City State Zip Code
SAUK RAPIDS MN 56379

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

Name of Employer Occupation
RETIRED RETIRED

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

Date of Receipt

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

Transaction ID: SA11.3463

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
RAVI K. MATTU

Mailing Address 125 STEWART ROAD

City State Zip Code
SHORT HILLS NJ 07078

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

Name of Employer Occupation
CITADEL INVESTMENT GROUP ANALYST

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

Date of Receipt

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

Transaction ID: SA11.3638

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MATTHEW MAZZUCCHI

Mailing Address 23210 WOODLAND RIDGE DRIVE

City State Zip Code
LAKEVILLE MN 55044

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

Name of Employer Occupation
HOULIHAN, LOKEY, HOWARD & ZUKIN INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: SA11.4022

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. MATTHEW MAZZUCCHI

Mailing Address 23210 WOODLAND RIDGE DRIVE

City State Zip Code
LAKEVILLE MN 55044

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

Name of Employer HOULIHAN, LOKEY, HOWARD & ZUKIN
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: SA11.4705

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 1111 LOUISIANA STREET

City State Zip Code
HOUSTON TX 77002

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

Name of Employer CENTER POINT ENERGY, INC.
Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11.3087

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT MCCREA, JR.

Mailing Address 2610 KELLER ROAD

City State Zip Code
LONG LAKE MN 55356

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

Name of Employer MORGAN STANLEY
Occupation FINANCIAL ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11.4207

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH B. MCGOLDRICK

Mailing Address 1111 LOUISIANA STREET

City HOUSTON State TX Zip Code 77002

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

Name of Employer CENTER POINT ENERGY, INC. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2010
Transaction ID: SA11.3092
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT G. MCMAHON

Mailing Address 1371 MEDORA ROAD

City MENDOTA HEIGHTS State MN Zip Code 55118

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 ▼ 5000.00

Date of Receipt 02 / 08 / 2010
Transaction ID: SA11.3446
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

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

Mailing Address 2724 GREYSOLON ROAD

City DULUTH State MN Zip Code 55812

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

Name of Employer MINNESOTA POWER Occupation SR. VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2010
Transaction ID: SA11.3684
Amount of Each Receipt this Period 500.00
CONTRIBUTION

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: (check only one)	PAGE 71 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. ALVIN E. MCQUINN	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 1551 GULF SHORE BLVD. S.	Transaction ID: SA11.4241
	City State Zip Code NAPLES FL 34102	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) MR. CHARLES MCQUINN	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address P.O. BOX 229	Transaction ID: SA11.3506
	City State Zip Code NISSWA MN 56468	Amount of Each Receipt this Period 220.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) MR. BRADLEY K. MEIER	Date of Receipt MM / DD / YYYY 02 / 17 / 2010
	Mailing Address 1785 DUPONT AVENUE S. LEVEL ONE	Transaction ID: SA11.3553
	City State Zip Code MINNEAPOLIS MN 55403	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation FIRST COMMERCIAL BANK BANKER	
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)	2970.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MRS. LINDA M. MERTZ

Mailing Address 9901 S. 173RD CIRCLE

City OMAHA State NE Zip Code 68136

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3076

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARYSUE C. MICHELS

Mailing Address 750 MEADOWRIDGE LANE

City BROWNSVILLE State WI Zip Code 53006

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

Name of Employer MICHELS CORPORATION
Occupation MARKETING MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3081

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PATRICK D. MICHELS

Mailing Address 750 MEADOWRIDGE LANE

City BROWNSVILLE State WI Zip Code 53006

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

Name of Employer MICHELS CORPORATION
Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3080

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. TIMOTHY J. MICHELS	Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address 6831 STATE ROAD 83	Transaction ID: SA11.3062
	City State Zip Code HARTLAND WI 53029	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation MICHELS CORP. CONSTRUCTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. MITCHELL M. MIGL	Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address PO BOX 218824	Transaction ID: SA11.3063
	City State Zip Code HOUSTON TX 77218	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF LAND DEVELOPER	
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) MR. THOMAS G. MIGLIS	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 800 N. MICHIGAN AVENUE UNIT 2903	Transaction ID: SA11.3640
	City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CITADEL INVESTMENT GROUP MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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 74 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MRS. MARY KAY MILLER

Mailing Address 12804 EAGLE RUN DRIVE

City State Zip Code
OMAHA NE 68164

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

Name of Employer Occupation
NORTHERN NATURAL GAS REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3094

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. SHIRLEY K. MILLER

Mailing Address 1658 S. 153RD STREET

City State Zip Code
OMAHA NE 68144

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

Name of Employer Occupation
NORTHERN NATURAL GAS MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3077

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

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

Mailing Address 4051 GULFSHORE BLVD.

City State Zip Code
NAPLES FL 34103

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: SA11.4179

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 75 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
KHOSROW MOAVENI

Mailing Address 3936 TAMIAMI TRAIL N.
SUITE E.

City State Zip Code
NAPLES FL 34103

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

Name of Employer SELF-EMPLOYED Occupation DEVELOPMENT

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

Date of Receipt

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

Transaction ID: SA11.4483

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL THOMAS MOE

Mailing Address 140 ATHERTON AVENUE

City State Zip Code
ATHERTON CA 94027

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

Name of Employer NEXT ADVISORS Occupation INVESTOR

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

Date of Receipt

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

Transaction ID: SA11.3658

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS MORAN

Mailing Address 340 WEST STREET

City State Zip Code
NAPLES FL 34108

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

Name of Employer WELLS FARGO ADVISORS Occupation INVESTMENT ADVISOR

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	0

Transaction ID: SA11.4199

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

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

Mailing Address 3093 FT. CHARLES DRIVE

City State Zip Code
NAPLES FL 34102

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

Name of Employer Occupation
CENTRAL BANK GROUP BANKING

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11.4798

Amount of Each Receipt this Period

1260.26

CONTRIBUTION

B.

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

Mailing Address 3093 FT. CHARLES DRIVE

City State Zip Code
NAPLES FL 34102

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

Name of Employer Occupation
CENTRAL BANK GROUP BANKING

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2010

Transaction ID: SA11A.4806

Amount of Each Receipt this Period

3739.74

IN-KIND CONTRIBUTION

IN-KIND FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)
MR. MALCOLM S. MORRIS

Mailing Address 1980 POST OAK BLVD. #800

City State Zip Code
HOUSTON TX 77056

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

Name of Employer Occupation
STEWART TITLE GUARANTY CO- MPANY CHAIRMAN

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

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2010

Transaction ID: SA11.3073

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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 77 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. ROBERT E. MORSE, III

Mailing Address 447 WILCHESTER BLVD.

City HOUSTON State TX Zip Code 77079

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

Name of Employer CRAIN, CATON & JAMES Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 21 / 2010
Transaction ID: SA11.3059
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARK R. MOWATT

Mailing Address 7962 ELK MOUNTAIN STREET

City LAS VEGAS State NV Zip Code 89113

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 11 / 2010
Transaction ID: SA11.4212
Amount of Each Receipt this Period 400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JANET S. MUELLER

Mailing Address 417 N. 3RD STREET

City SAINT PETER State MN Zip Code 56082

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

Name of Employer LESUEUR INC Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11.4802
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 6400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. KENNETH R. MURRAY

Mailing Address 8665 BAY COLONY DRIVE #403

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 19 / 2010
Transaction ID: SA11.4245
Amount of Each Receipt this Period: 10000.00
CONTRIBUTION
SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KENNETH R. MURRAY

Mailing Address 8665 BAY COLONY DRIVE #403

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11.4245C
Amount of Each Receipt this Period: -5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
MRS. SUE MURRAY

Mailing Address 8665 BAY COLONY DRIVE #403

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11.4245B
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. PATRICK MURRAY

Mailing Address 2354 VENTURA DR

City State Zip Code
WOODBURY MN 55125-4403

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

Name of Employer Occupation
SERVICE IDEAS INC CEO

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2010

Transaction ID: SA11.4690

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM L. MUSSER

Mailing Address 167 EAST 82 ST.

City State Zip Code
NEW YORK NY 10028

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

Name of Employer Occupation
WILLIAM L. MUSSER CO. INVESTMENT MANAGER

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

Date of Receipt

M M / D D / Y Y Y Y
01 / 15 / 2010

Transaction ID: SA11.3034

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. KENNETH D. MYERS

Mailing Address 24971 LYNE LANE

City State Zip Code
LAKEVILLE MN 55044

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

Name of Employer Occupation
VISION TRUSTED STRATEGIC ADVISORS C.E.O.

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

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2010

Transaction ID: SA11.3071

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 / 249
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MRS. BARBARA ELIZABETH NAU	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 3217 DEL MONTE	Transaction ID: SA11.3428
	City State Zip Code HOUSTON TX 77019	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) MR. JEFFREY NEAL	Date of Receipt MM / DD / YYYY 02 / 16 / 2010
	Mailing Address 1414 22ND STREET, NW	Transaction ID: SA11.3539
	City State Zip Code WASHINGTON DC 20037	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MRS. LYSA NEITZKE	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 11594 HAZEL ROAD	Transaction ID: SA11.3464
	City State Zip Code ST. CLOUD MN 56301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 81 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. GLEN D. NELSON

Mailing Address 301 CARLSON PARKWAY
SUITE 275

City State Zip Code
MINNETONKA MN 55305

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

Name of Employer Occupation
GDN HOLDINGS, INC. INVESTMENTS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2010

Transaction ID: SA11.4238

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARILYN CARLSON NELSON

Mailing Address 301 CARLSON PARKWAY
SUITE 275

City State Zip Code
MINNETONKA MN 55305

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

Name of Employer Occupation
CARLSON COMPANIES C.E.O.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11.4879

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES A. NESIUS

Mailing Address 13040 BIRCH ROAD

City State Zip Code
LAKE PARK MN 56554

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 08 / 2010

Transaction ID: SA11.3455

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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 82 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. SAMUEL W. NESIUS

Mailing Address 4295 49TH AVENUE S.

City State Zip Code
FARGO ND 58104

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

Name of Employer Occupation
WELLS CONCRETE SALES MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: SA11.3456

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. AARON NETTER

Mailing Address 40572 COUNTY ROAD 1

City State Zip Code
RICE MN 56367

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

Name of Employer Occupation
SELF EMPLOYED MANUFACTURING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2010

Transaction ID: SA11.3947

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KIMBERLY NEWMAN

Mailing Address 100 WEST ROSEMONT AVENUE

City State Zip Code
ALEXANDRIA VA 22301

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

Name of Employer Occupation
O' MELVENY & MYERS ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11.3749

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. EDWARD J. NICOLL		Date of Receipt
	Mailing Address 32 LUTHER DRIVE P.O. BOX 155		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	WATER MILL	NY	11976
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.3100
Name of Employer SELF-EMPLOYED		Occupation INVESTOR	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"/> 5000.00
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MS. BETTINA M. NOVA		Date of Receipt
	Mailing Address 5312 N. 6TH STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 8 / 2 0 1 0
	City	State	Zip Code
	PHOENIX	AZ	85012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.3440
Name of Employer FIRST STRATEGIC COMMUNICATIONS		Occupation PUBLIC RELATIONS & COMMUNICATIONS	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
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MR. D. EUGENE NUGENT		Date of Receipt
	Mailing Address 8960 BAY COLONY DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 0 9 / 2 0 1 0
	City	State	Zip Code
	NAPLES	FL	34108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.4195
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5750.00
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 84 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FERN O'BRIAN	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 9620 EAGLE RIDGE DRIVE	Transaction ID: SA11.4010
	City State Zip Code BETHESDA MD 20817	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation ARNOLD & PORTER L.L.P. LAWYER	
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) MR. TIMOTHY J. O'DRISCOLL	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 414 ELEANOR COURT	Transaction ID: SA11.3473
	City State Zip Code SARTELL MN 56377	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation KAPLAN PROFESSIONAL SCHOOLS CORPORATE TRAINER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. DAN O'HARA	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 3513 16TH AVENUE S.	Transaction ID: SA11.4167
	City State Zip Code SAINT CLOUD MN 56301	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED AMUSEMENT VENDING	
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)	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 85 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. ALLEN I. OLSON

Mailing Address 631 BROKEN ARROW ROAD

City State Zip Code
CHANHASSEN MN 55317

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

Name of Employer Occupation
U.S. GOVERNMENT FEDERAL OFFICIAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: SA11.4071

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

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

Mailing Address 14719 ROCKSBOROUGH ROAD

City State Zip Code
MINNETONKA MN 55345

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

Name of Employer Occupation
SELF-EMPLOYED COMMERCIAL REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: SA11.3461

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. TRYGVE OLSON

Mailing Address 704 UNION STREET

City State Zip Code
RIVER FALLS WI 54022

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

Name of Employer Occupation
MERCURY PUBLIC AFFAIRS CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: SA11.3950

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MRS. JOANN OREFFICE

Mailing Address 6856 E. CUARTENA COURT

City State Zip Code
PARADISE VALLEY AZ 85253

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2010

Transaction ID: SA11.3422

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 6856 E. CUARTENA COURT

City State Zip Code
PARADISE VALLEY AZ 85253

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2010

Transaction ID: SA11.3423

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. BEVERLY J. OREN

Mailing Address 3105 SANDY HOOK DRIVE

City State Zip Code
ROSEVILLE MN 55113

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11.3665

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. ROBERT C. OSBORN	Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address 877 COUNTRY CLUB LANE	Transaction ID: SA11.3065
	City State Zip Code FOND DU LAC WI 54935	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer MICHELS CORPORATION	Occupation VICE PRESIDENT	
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) MS. ROSITA M. OWENS	Date of Receipt MM / DD / YYYY 02 / 17 / 2010
	Mailing Address 1070 FERNDALE ROAD W.	Transaction ID: SA11.3547
	City State Zip Code WAYZATA MN 55391	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) MR. TIMOTHY P. OWENS	Date of Receipt MM / DD / YYYY 02 / 17 / 2010
	Mailing Address 1070 FERNDALE ROAD W.	Transaction ID: SA11.3546
	City State Zip Code WAYZATA MN 55391	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer VOYAGER FINANCIAL SERVICES CORP	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. YUAN-PING PANG

Mailing Address 2030 BAIHLY SUMMIT DR SW

City State Zip Code
ROCHESTER MN 55902-1332

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

Name of Employer Occupation
MAYO CLINIC RESEACHER

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2010

Transaction ID: SA11.4702

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

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

Mailing Address 2817 15TH AVENUE S.

City State Zip Code
ST. CLOUD MN 56301

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

Name of Employer Occupation
AMCON BLOCK SALES

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

Date of Receipt

M M / D D / Y Y Y Y
02 / 08 / 2010

Transaction ID: SA11.3472

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. BERNADETTE A. PERRYMAN

Mailing Address 2383 120TH AVENUE

City State Zip Code
CLEAR LAKE MN 55319

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

Name of Employer Occupation
CAL DISTRIBUTING BEER DISTRIBUTOR

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

Date of Receipt

M M / D D / Y Y Y Y
02 / 08 / 2010

Transaction ID: SA11.3475

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. J. GREGORY PORTER

Mailing Address 16619 JONES STREET

City OMAHA State NE Zip Code 68118

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

Name of Employer NORTHERN NATURAL GAS Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 21 / 2010
Transaction ID: SA11.3079
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. TREVOR POTTER

Mailing Address P.O. BOX 348

City THE PLAINS State VA Zip Code 20198

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

Name of Employer CAPLIN & DRYSDALE Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 16 / 2010
Transaction ID: SA11.3540
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. THOMAS J. POUL

Mailing Address 2350 OAKLAND ROAD

City MINNETONKA State MN Zip Code 55305

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

Name of Employer MESSERLI & KRAMER Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 26 / 2010
Transaction ID: SA11.3227
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

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

Mailing Address 8665 BAY COLONY DRIVE

City State Zip Code
NAPLES FL 34108

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4257

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. SARAH J. PSICK

Mailing Address 13458 EVELETH WAY

City State Zip Code
APPLE VALLEY MN 55124

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

Name of Employer MCGRAM SHEA CARNIVAL STRA- UGHN & LAMB C
Occupation DIRECTOR OF GOVERNMENT RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3226

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. SCOTT RADEN

Mailing Address 725 STARLIGHT DRIVE

City State Zip Code
SARTELL MN 56377

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

Name of Employer JOHNSON GROUP
Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: SA11.3468

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
ROYCE A. RAMSAY

Mailing Address 2230 S. 183RD CIRCLE

City OMAHA State NE Zip Code 68130

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

Name of Employer NORTHHER NATURAL GAS Occupation VICE PRESIDENT OF OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2010
Transaction ID: SA11.3084
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B.

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

Mailing Address 274 LITTLE HARBOUR LANE

City NAPLES State FL Zip Code 34102

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 ▼ 2500.00

Date of Receipt 03 / 19 / 2010
Transaction ID: SA11.4243
Amount of Each Receipt this Period 2500.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. HENRIETTA RAUENHORST

Mailing Address 10350 BREN ROAD W.

City MINNETONKA State MN Zip Code 55343

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 ▼ 2500.00

Date of Receipt 03 / 19 / 2010
Transaction ID: SA11.4256
Amount of Each Receipt this Period 2500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 249
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. MARK H. RAUENHORST		Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 1875 MEADOWWOODS TRAIL		Transaction ID: SA11.4242
	City LONG LAKE	State MN	Zip Code 55356
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
	Name of Employer TARRIANCE, L.L.C.		Occupation BUSINESS EXECUTIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER JOHN RILEY		Date of Receipt MM / DD / YYYY 01 / 21 / 2010
	Mailing Address 5233 W. 62ND STREET		Transaction ID: SA11.3066
	City EDINA	State MN	Zip Code 55436
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer MCLAUGHLIN GORMLEY KING COMPANY		Occupation ATTORNEY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MS. DIANE RINALDO		Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 228 10TH STREET NE APARTMENT 11		Transaction ID: SA11.3994
	City WASHINGTON	State DC	Zip Code 20002
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer UNEMPLOYED		Occupation UNEMPLOYED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 93 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MRS. JEANNINE M. RIVET
 Mailing Address 4305 TRILLIUM WAY
 City State Zip Code
 MINNETRISTA MN 55364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNITED HEALTH GROUP EXECUTIVE VICE-PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt: 02 / 17 / 2010
Transaction ID: SA11.3548
 Amount of Each Receipt this Period: 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN MICHAEL RIVISTO
 Mailing Address 11903 ARIES DRIVE
 City State Zip Code
 GREY EAGLE MN 56336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 02 / 08 / 2010
Transaction ID: SA11.3467
 Amount of Each Receipt this Period: 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRADLEY KENT RIXMANN
 Mailing Address 181 RIVER RIDGE CIRCLE S.
 City State Zip Code
 BURNSVILLE MN 55337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PAWN AMERICA CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt: 03 / 08 / 2010
Transaction ID: SA11.4180
 Amount of Each Receipt this Period: 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 10250.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 94 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. ALEX T. ROBERTSON

Mailing Address 101 PARK AVENUE
48TH FLOOR

City State Zip Code
NEW YORK NY 10178

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

Name of Employer
TIGER MANAGEMENT, L.L.C.

Occupation
INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: SA11.3448

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. HENRY RODRIGUEZ

Mailing Address PO BOX 579

City State Zip Code
OSPREY FL 34229-0579

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

Name of Employer
INVESTOR

Occupation
SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
381.00

Date of Receipt

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

Transaction ID: SA11A.5118

Amount of Each Receipt this Period

381.00

IN-KIND CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

C.

Full Name (Last, First, Middle Initial)
MR. FRANCIS ROONEY

Mailing Address 5601 S. 122ND E. AVENUE

City State Zip Code
TULSA OK 74146

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

Name of Employer
MANHATTAN CONSTRUCTION CO-
MPANY

Occupation
OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11.4248

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

7381.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MRS. VIRGINIA A. ROWLETTE
 Mailing Address 7673 S. BAY DRIVE
 City State Zip Code
 BLOOMINGTON MN 55438
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 7 / 2 0 1 0
Transaction ID: SA11.3554
 Amount of Each Receipt this Period
 1000.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JOHNSON & LINDBERG, P.A. ATTORNEY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
MR. SCOTT E. ROZZELL
 Mailing Address 1111 LOUISIANA STREET
 City State Zip Code
 HOUSTON TX 77002
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 1 / 2 0 1 0
Transaction ID: SA11.3090
 Amount of Each Receipt this Period
 500.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CENTER POINT ENERGY, INC. ATTORNEY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN W. SANGER
 Mailing Address 16588 GRAYS BAY BLVD.
 City State Zip Code
 WAYZATA MN 55391
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 9 / 2 0 1 0
Transaction ID: SA11.4239
 Amount of Each Receipt this Period
 10000.00
CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00
SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 11500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MRS. KAREN O. SANGER

Mailing Address 16588 GRAYS BAY BLVD.

City State Zip Code
WAYZATA MN 55391

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

Name of Employer Occupation
RETIRED RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2010

Transaction ID: SA11.4240

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B.

Full Name (Last, First, Middle Initial)
MR. STEPHEN W. SANGER

Mailing Address 16588 GRAYS BAY BLVD.

City State Zip Code
WAYZATA MN 55391

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

Name of Employer Occupation
RETIRED RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2010

Transaction ID: SA11.4239B

Amount of Each Receipt this Period

-5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C.

Full Name (Last, First, Middle Initial)
MR. JACOB SCHAFFER

Mailing Address 5442 NEWTON AVENUE S.

City State Zip Code
MINNEAPOLIS MN 55419

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

Name of Employer Occupation
LAS VEGAS COLOR OWNER

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2010

Transaction ID: SA11.4210

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

500.00

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

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

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

FOR LINE NUMBER: PAGE 97 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. KEVIN PAUL SCHERER

Mailing Address 220 E. 73RD STREET #9F

City State Zip Code
NEW YORK NY 10021

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

Name of Employer CITADEL INVESTMENT GROUP Occupation PORTFOLIO MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: SA11.3625

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KENNETH T. SCHICIANO

Mailing Address 43 HIGHGATE ROAD

City State Zip Code
WELLESLEY MA 02481

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

Name of Employer T.A. ASSOCIATES, INC. Occupation PRIVATE EQUITY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11.3631

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HARRY R. SCHLEETER

Mailing Address 1585 MEDINA ROAD

City State Zip Code
LONG LAKE MN 55356

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

Name of Employer BROADWAY EQUIPMENT Occupation SALESPERSON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: SA11.4125

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. SCOTT SCHNEIDER

Mailing Address 4124 PINE POINT ROAD

City State Zip Code
SARTELL MN 56377

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
OTTO BOCK MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
02 / 08 / 2010

Transaction ID: SA11.3444

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM H. SCHREIBER

Mailing Address 10001 ZANE AVENUE N.

City State Zip Code
BROOKLYN PARK MN 55443

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF LEGISLATIVE CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
01 / 26 / 2010

Transaction ID: SA11.3221

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID M. SCHULTZ

Mailing Address 5950 RIDGE ROAD

City State Zip Code
SHOREWOOD MN 55331

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MAPS MEDICAL PAIN CLINICS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y
02 / 10 / 2010

Transaction ID: SA11.3477

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 249

(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD M. SCHULZE

Mailing Address 8500 NORMANDALE LAKE BLVD.
SUITE 1750

City State Zip Code
MINNEAPOLIS MN 55437

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

Name of Employer Occupation
BEST BUY FOUNDER

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

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11.4799

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD F. SCOTTI

Mailing Address 2563 GOLDEN BAY COURT

City State Zip Code
HENDERSON NV 89052

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2010

Transaction ID: SA11.4213

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES M. SENEFF, JR.

Mailing Address P.O. BOX 3349

City State Zip Code
ORLANDO FL 32802

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

Name of Employer Occupation
COMMERCIAL NET LEASE REALTY CHAIRMAN & CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11.4815

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 100 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

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

Mailing Address 2531 MANITOU ISLAND

City State Zip Code
WHITE BEAR LAKE MN 55110

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

Name of Employer Occupation
SECURIAN FINANCIAL GROUP C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11.4793

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. PAMELA W. SENKLER

Mailing Address 2531 MANITOU ISLAND

City State Zip Code
WHITE BEAR LAKE MN 55110-3901

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11.4794

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. ROBERT L. SENKLER

Mailing Address 2531 MANITOU ISLAND

City State Zip Code
WHITE BEAR LAKE MN 55110

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

Name of Employer Occupation
SECURIAN FINANCIAL GROUP C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11.4793B

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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

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

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

FOR LINE NUMBER: PAGE 101 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. MATTHEW K. SIMON
 Mailing Address 520 W. HURON #201
 City State Zip Code
 CHICAGO IL 60654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CITADEL INVESTMENT GROUP Occupation FINANCIAL ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt M M / D D / Y Y Y Y Y
 0 2 / 1 9 / 2 0 1 0
Transaction ID: SA11.3628
 Amount of Each Receipt this Period 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NICHOLAS G. SIMONS
 Mailing Address 4251 GULF SHORE BLVD. N. #6D
 City State Zip Code
 NAPLES FL 34103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt M M / D D / Y Y Y Y Y
 0 3 / 1 9 / 2 0 1 0
Transaction ID: SA11.4259
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ZEVIEL T. SIMPSON
 Mailing Address 1925 DUPONT AVENUE S.
 APARTMENT 5
 City State Zip Code
 MINNEAPOLIS MN 55403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRIGGS & MORGAN Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt M M / D D / Y Y Y Y Y
 0 1 / 2 6 / 2 0 1 0
Transaction ID: SA11.3147
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 249
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. PARKER SIMS		Date of Receipt
	Mailing Address 3030 WISCONSIN AVENUE NW APARTMENT 6		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2010
	City	State	Zip Code
	WASHINGTON	DC	20016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.4008
Name of Employer REPUBLICAN PARTY OF VIRGINIA		Occupation FINANCE DIRECTOR	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
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MR. HAL SINGER		Date of Receipt
	Mailing Address 10909 WILLOW CREEK LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2010
	City	State	Zip Code
	OAKTON	VA	22124
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.4009
Name of Employer NAVIGANT ECONOMICS		Occupation ECONOMIST	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
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MR. DAVID O. SMITH		Date of Receipt
	Mailing Address 2232 N. BURLING STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 19 / 2010
	City	State	Zip Code
	CHICAGO	IL	60614
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.3634
Name of Employer CITADEL INVESTMENT GROUP		Occupation FINANCE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3000.00
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 103 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. DOUGLAS G. SMITH	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 2632 N. GREENVIEW AVENUE	Transaction ID: SA11.3968
	City State Zip Code CHICAGO IL 60614	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation KIRKLAND & ELLIS LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. RICHARD ST. MARIE	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address 38832 251ST STREET	Transaction ID: SA11.4611
	City State Zip Code PLANKINTON SD 57368	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation GOPHER NEWS COMPANY CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL E. STAMP	Date of Receipt MM / DD / YYYY 02 / 18 / 2010
	Mailing Address 8026 KIDWELL TOWN CT	Transaction ID: SA11.3604
	City State Zip Code VIENNA VA 22182	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation OMELVENY & MYERS LLP ATTORNEY	
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)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 104 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. THOMAS R. STANDISH

Mailing Address P.O. BOX 1700

City State Zip Code
HOUSTON TX 77005

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

Name of Employer Occupation
CENTER POINT ENERGY EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3088

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LINDA STAVROPOULOS

Mailing Address 8665 BAY COLONY DRIVE
UNIT 803

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: SA11.4198

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LINDA STAVROPOULOS

Mailing Address 8665 BAY COLONY DRIVE
UNIT 803

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4246

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. TODD R. STEGGERDA

Mailing Address 19590 SARATOGA SPRINGS PLACE

City State Zip Code
ASHBURN VA 20147

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

Name of Employer Occupation
WILMER HALE LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: SA11.3951

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. AVY H. STEIN

Mailing Address 57 MAPLE HILL ROAD

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Occupation
WILLIS STEIN & PARTNERS BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: SA11.4464

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. BARBARA A. STETTNER

Mailing Address 619 N. WEST STREET

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation
OMELVENY & MYERS LLP LAWYER/PARTNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: SA11.3960

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. WAYNE D. STINNETT, JR.
 Mailing Address 1111 LOUISIANA SUITE 4750
 City HOUSTON State TX Zip Code 77002
 Date of Receipt 01 / 21 / 2010
Transaction ID: SA11.3086
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. C
 Name of Employer CENTER POINT ENERGY Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
MS. SANDRA J. STRONG
 Mailing Address 904 NORTH GREEN BAY ROAD
 City LAKE FOREST State IL Zip Code 60045
 Date of Receipt 02 / 19 / 2010
Transaction ID: SA11.3622
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. C
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM H. STRONG
 Mailing Address 904 NORTH GREEN BAY ROAD
 City LAKE FOREST State IL Zip Code 60045
 Date of Receipt 02 / 19 / 2010
Transaction ID: SA11.3623
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. C
 Name of Employer MORGAN STANLEY Occupation INVESTMENT BANKER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

SUBTOTAL of Receipts This Page (optional) ► 10250.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 107 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. LELAND SUNDET

Mailing Address 2331 GULF SHORE BLVD. N.

City State Zip Code
NAPLES FL 34103

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4258

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JANICE M. SWEERE

Mailing Address 5637 WOODLAWN BLVD.

City State Zip Code
MINNEAPOLIS MN 55417

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11.4884

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. BECKY TAYLOR

Mailing Address 1 TAYLOR LANE

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
THRO CORPORATION NURSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4264

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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 108 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. GLEN TAYLOR

Mailing Address 1 TAYLOR LANE

City State Zip Code
MANKATO MN 56001

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

Name of Employer Occupation
TAYLOR CORPORATION MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4237

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROY W. TERWILLIGER

Mailing Address 7723 SHAUGHNESSY ROAD

City State Zip Code
EDINA MN 55439

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

Name of Employer Occupation
FLAGSHIP FINANCIAL GROUP BANKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: SA11.3545

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. IGOR V. TIMOFEYEV

Mailing Address 1514 12TH STREET NW
APARTMENT 4

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation
PAUL, HASTINGS, JANOFSKY & WALKER L.L. LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: SA11.3965

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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 109 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MRS. MARSHA TUEL
Mailing Address 23439 BIG CHIEF RD
City FERGUS FALLS State MN Zip Code 56537-8212
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 30 / 2010
Transaction ID: SA11.4682
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT J. ULRICH
Mailing Address 5400 LONDONDERRY ROAD
City EDINA State MN Zip Code 55436
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 ▼ 5000.00
Date of Receipt 01 / 26 / 2010
Transaction ID: SA11.3212
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JON P. VENETOS
Mailing Address 601 LEXINGTON AVENUE
48TH FLOOR
City NEW YORK State NY Zip Code 10022
FEC ID number of contributing federal political committee. **C**
Name of Employer CITADEL INVESTMENT GROUP Occupation HEAD OF TRADING
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 02 / 19 / 2010
Transaction ID: SA11.3626
Amount of Each Receipt this Period 2500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 7750.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 110 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MRS. CAROL J. VERDOORN

Mailing Address 6845 E. CUARENTA COURT

City State Zip Code
PARADISE VALLEY AZ 85253

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2010

Transaction ID: SA11.3418

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JEFFREY J. VERGAMINI

Mailing Address 1509 ASBURY

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Occupation
MORGAN STANLEY INVESTMENT BANKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: SA11.4458

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GARY W. VERKINNES

Mailing Address 4296 PINE POINTE ROAD

City State Zip Code
SARTELL MN 56377

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

Name of Employer Occupation
CORNERSTONE CONSTRUCTION OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: SA11.3474

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **6750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. MAURICE WAGENER

Mailing Address 1420 BOHNS POINT ROAD

City State Zip Code
WAYZATA MN 55391

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

Name of Employer MORRIES AUTOMOTIVE GROUP Occupation AUTOMOTIVE DEALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2010

Transaction ID: SA11.4014

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. EILEEN WAHL DICK

Mailing Address 5510 RIVER BLUFF DRIVE

City State Zip Code
BLOOMINGTON MN 55437

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 27 / 2010

Transaction ID: SA11.3394

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C.

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

Mailing Address 219 S. LEE STREET

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer O'MELVENY & MYERS Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2010

Transaction ID: SA11.3966

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

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

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

FOR LINE NUMBER: PAGE 112 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MRS. ANDREA M. WALSH

Mailing Address 7212 FLEETWOOD DRIVE

City State Zip Code
EDINA MN 55439

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

Name of Employer Occupation
HEALTHPARTNERS ADMINISTRATOR / EVP & CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: SA11.3460

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID WALSH

Mailing Address P.O.BOX 11450

City State Zip Code
JACKSON WY 83002

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11.3410

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID WALSH

Mailing Address P.O.BOX 11450

City State Zip Code
JACKSON WY 83002

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11.4774

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 113 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

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

Mailing Address 1625 EYE STREET NW

City State Zip Code
WASHINGTON DC 20006

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

Name of Employer Occupation
O'MELVENY & MYERS LLP LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: SA11.3961

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EDWARD I. WANANDI

Mailing Address 430 RED FOX LANE

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Occupation
TRAILMOBILE CORPORATION CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11.3630

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRENNAN J. WARBLE

Mailing Address 601 LEXINGTON AVENUE
48TH FLOOR

City State Zip Code
NEW YORK NY 10022

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

Name of Employer Occupation
CITADEL SECURITIES HEAD OF INSTITUTIONAL SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11.3641

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

Use separate schedule(s)
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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
DR. ERIC WARGOTZ

Mailing Address 2016 BENNETT POINT ROAD

City State Zip Code
QUEENSTOWN MD 21658

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 23 / 2010

Transaction ID: SA11.3660

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. JEAN M. WARREN

Mailing Address 2410 NW GRAND CIRCLE

City State Zip Code
OKLAHOMA CITY OK 73116

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: MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3224

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SYLVIA WEERES

Mailing Address 1923 TEMMINCK ROAD

City State Zip Code
SAINT CLOUD MN 56301

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

Name of Employer SPEC DEE DELY Occupation EXECUTIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
02 / 08 / 2010

Transaction ID: SA11.3447

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 115 / 249
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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. EDWARD S. WEIL, JR.
Mailing Address 66 LOCUST ROAD
City WINNETKA State IL Zip Code 60093
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 01 / 25 / 2010
Transaction ID: SA11.3102
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT M. WEISS
Mailing Address 6175 LAKE VIRGINIA DRIVE
City SHOREWOOD State MN Zip Code 55331
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 17 / 2010
Transaction ID: SA11.3557
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVEN WELLER
Mailing Address P.O. BOX 2634
City CHICAGO State IL Zip Code 60690
FEC ID number of contributing federal political committee. **C**
Name of Employer CITADEL INVESTMENT GROUP Occupation PORTFOLIO MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 02 / 19 / 2010
Transaction ID: SA11.3633
Amount of Each Receipt this Period 2500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 4500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. GREGORY W. WENDT

Mailing Address 1 MARKET STREET
SUITE 1800

City State Zip Code
SAN FRANCISCO CA 94105

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

Name of Employer Occupation
CAPITAL GROUP EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: SA11.4209

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY L. WHITLOCK

Mailing Address 1111 LOUISIANA STREET

City State Zip Code
HOUSTON TX 77002

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

Name of Employer Occupation
CENTER POINT ENERGY, INC. EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3082

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WHEELOCK WHITNEY

Mailing Address 730 2ND AVENUE S.
SUITE 425

City State Zip Code
MINNEAPOLIS MN 55402

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11.4236

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 10500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. SCOTT WIDOR	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 2106 TAMARACK DRIVE	Transaction ID: SA11.3443
	City State Zip Code ST. CLOUD MN 56301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MR. JOHN P. WIEHOFF	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 27820 ISLAND VIEW ROAD	Transaction ID: SA11.3231
	City State Zip Code SHOREWOOD MN 55331	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation C.H. ROBINSON WORLDWIDE VICE 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) MRS. S. LINN WILLIAMS	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 1526 POPLAR PLACE	Transaction ID: SA11.3685
	City State Zip Code MCLEAN VA 22101	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 118 / 249
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
MR. DALE O. WILLNER

Mailing Address 2049 PLEASANT AVENUE

City State Zip Code
SAINT CLOUD MN 56303

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE BROKER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11.3109

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALAN WINSLETTE

Mailing Address 7522 GUINEVERE DRIVE

City State Zip Code
SUGAR LAND TX 77479

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

Name of Employer Occupation
LASER SHOT, INC. CHIEF OPERATING OFFICER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11.3064

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT D. WIPLINGER

Mailing Address 9100 RIVER ROAD

City State Zip Code
INVER GROVE HEIGHT MN 55076

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

Name of Employer Occupation
WIPAIRE, INC CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11.3691

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. DANIEL M. WIXON

Mailing Address 9955 LYNDAL AVE S.

City BLOOMINGTON State MN Zip Code 55420

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

Name of Employer WIXON JEWELERS Occupation JEWELER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 17 / 2010
Transaction ID: SA11.3550
 Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

B.

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

Mailing Address 11381 LANDING ROAD

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer AMERIPRISE Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 17 / 2010
Transaction ID: SA11.3038
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. SHANNA WOODBURY

Mailing Address 3073 13TH TERRACE NW

City NEW BRIGHTON State MN Zip Code 55112

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 26 / 2010
Transaction ID: SA11.3146
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

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: (check only one)	PAGE 120 / 249
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. GREG WYANT		Date of Receipt
	Mailing Address 13802 54TH AVENUE N.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 11 / 2010
	City	State	Zip Code
	PLYMOUTH	MN	55446
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.4211
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MR. JOHN PATRICK YOB		Date of Receipt
	Mailing Address 2331 BYRON SHORES DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 19 / 2010
	City	State	Zip Code
	BYRON CENTER	MI	49315
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.3650
Name of Employer STRATEGIC NATIONAL		Occupation CEO	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
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MR. SCOTT D. YONOVER		Date of Receipt
	Mailing Address 535 N. MICHIGAN AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 19 / 2010
	City	State	Zip Code
	CHICAGO	IL	60611
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.3632
Name of Employer GLAZIER CORP.		Occupation ATTORNEY	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
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 496826.00

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

Use separate schedule(s)
for each category of the
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
ED MATTHEWS FOR CONGRESS

Mailing Address 2136 FORD PKWY. #185

City State Zip Code
ST. PAUL MN 55116

FEC ID number of contributing federal political committee. **C** C00445338

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: SA11.3429

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COMMITTEE OF AUTOMOBILE RETAILERS

Mailing Address 200 LOTHENBACH AVENUE

City State Zip Code
WEST SAINT PAUL MN 55118

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11.3944

Amount of Each Receipt this Period
500.00

CONTRIBUTION

CONFIRMED FEDERALLY PERMISSIBLE FUNDS

C. Full Name (Last, First, Middle Initial)
FAEGRE & BENSON L.L.P., PAC

Mailing Address 90 S. SEVENTH STREET
2200 WELLS FARGO CENTER

City State Zip Code
MINNEAPOLIS MN 55402

FEC ID number of contributing federal political committee. **C** C00215491

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11.3430

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

Use separate schedule(s)
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
LOCKE LORD BISSELL & LIDDELL L.L.P. PAC

Mailing Address 600 TRAVIS
SUITE 3400

City HOUSTON State TX Zip Code 77002-3009

FEC ID number of contributing federal political committee. **C** C00117861

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 21 / 2010
Transaction ID: SA11.3061
 Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MIDAMERICAN ENERGY COMPANY EXECUTIVE PAC

Mailing Address P.O. BOX 657
666 GRAND AVENUE #6419

City DES MOINES State IA Zip Code 50303

FEC ID number of contributing federal political committee. **C** C00324483

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 21 / 2010
Transaction ID: SA11.3060
 Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MUI POLITICAL ACTION FUND

Mailing Address 413 WACOUTA STREET #230

City ST. PAUL State MN Zip Code 55101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 17 / 2010
Transaction ID: SA11.3560
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION
 CONFIRMED FEDERALLY PERMISSIBLE FUNDS

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 123 / 249
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
ORKIN PAC

Mailing Address 2170 PIEDMONT ROAD N.E.

City ATLANTA State GA Zip Code 30324

FEC ID number of contributing federal political committee. **C** C00131219

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11.4814
 Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SOF - PAC

Mailing Address 9737 3RD STREET NE

City MINNEAPOLIS State MN Zip Code 55434

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2010
Transaction ID: SA11.3559
 Amount of Each Receipt this Period 250.00
CONTRIBUTION
CONFIRMED FEDERALLY PERMISSIBLE FUNDS

C. Full Name (Last, First, Middle Initial)
UNISYS CORPORATION EMPLOYEES PAC

Mailing Address 1200 S. HAYES STREET
SUITE 1100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00345603

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2010
Transaction ID: SA11.3943
 Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ► 4450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 249
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
SFM

Mailing Address PO BOX 583178

City State Zip Code
MINNEAPOLIS MN 55458

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
652.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2010

Transaction ID: SA15.1

Amount of Each Receipt this Period
652.00

REIMBURSEMENT- PAYROLL/SV-R/INSUR

SUBTOTAL of Receipts This Page (optional)	▶	652.00
TOTAL This Period (last page this line number only)	▶	652.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
IRMA AGUIRRE

Transaction ID: SB21.5119
Date of Disbursement

Mailing Address 495 S. GRAND CENTRAL PARKWAY A-116

/ /

City LAS VEGAS State NV Zip Code 89106

Amount of Each Disbursement this Period

Purpose of Disbursement
IN-KIND: FOOD AND BEVERAGE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
SETH BERNSTEIN

Transaction ID: SB21.138
Date of Disbursement

Mailing Address 315 EAST ROBINSON ST STE 450

/ /

City ORLANDO State FL Zip Code 32801

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL- 3/15/2010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ARTHUR BOCHNER

Transaction ID: SB21.108
Date of Disbursement

Mailing Address 170 EAST 87TH ST APT W-3A

/ /

City NEW YORK State NY Zip Code 10128

Amount of Each Disbursement this Period

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 126 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MR. FRANCIS BERNARD BROGAN, III	Transaction ID: SB21.4743 Date of Disbursement
	Mailing Address 2401 PENNSYLVANIA AVENUE NW # 601	<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement IN-KIND: FOOD AND BEVERAGE	<input type="text" value="740.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JAMES COFFMAN	Transaction ID: SB21.131 Date of Disbursement
	Mailing Address 9680 VIA EXCELENCIA	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City SANDIEGO State CA Zip Code 92126	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="761.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AKSHAY DESAI	Transaction ID: SB21.5117B Date of Disbursement
	Mailing Address 1841 BRIGHTWATERS BLVD. NE	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City ST. PETERSBURG State FL Zip Code 33704	Amount of Each Disbursement this Period
	Purpose of Disbursement IN-KIND: FOOD AND BEVERAGE	<input type="text" value="180.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1681.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 127 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.133 Date of Disbursement 02 / 22 / 2010
	Mailing Address 3616 DAVIS ST NW	Amount of Each Disbursement this Period 113.61
	City WASHINGTON State DC Zip Code 20007	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.60 Date of Disbursement 01 / 25 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 2259.95
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.65 Date of Disbursement 02 / 25 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 2258.89
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4632.45
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 128 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.70 Date of Disbursement 03 / 30 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 2258.89
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE FELTAULT	Transaction ID: SB21.101 Date of Disbursement 01 / 31 / 2010
	Mailing Address 3109 W 50TH ST STE 304	Amount of Each Disbursement this Period 257.50
	City MINNEAPOLIS State MN Zip Code 55410	
	Purpose of Disbursement PHOTOGRAPHY SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LINDA FEULING	Transaction ID: SB21.4744 Date of Disbursement 01 / 26 / 2010
	Mailing Address 8585 NE RIVER ROAD	Amount of Each Disbursement this Period 500.00
	City RICE State MN Zip Code 56367	
	Purpose of Disbursement IN-KIND: FOOD AND BEVERAGE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3016.39

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MEGAN FITZPATRICK	Transaction ID: SB21.128 Date of Disbursement 01 / 17 / 2010
	Mailing Address 320 23RD ST S#1328	Amount of Each Disbursement this Period 96.85
	City ARLINGTON State VA Zip Code 22202	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MEGAN FITZPATRICK	Transaction ID: SB21.129 Date of Disbursement 01 / 21 / 2010
	Mailing Address 320 23RD ST S#1328	Amount of Each Disbursement this Period 844.41
	City ARLINGTON State VA Zip Code 22202	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MEGAN FITZPATRICK	Transaction ID: SB21.135 Date of Disbursement 02 / 26 / 2010
	Mailing Address 320 23RD ST S#1328	Amount of Each Disbursement this Period 73.00
	City ARLINGTON State VA Zip Code 22202	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1014.26
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MEGAN FITZPATRICK	Transaction ID: SB21.140 Date of Disbursement 03 / 24 / 2010
	Mailing Address 320 23RD ST S#1328	Amount of Each Disbursement this Period 30.00
	City ARLINGTON State VA Zip Code 22202	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.130 Date of Disbursement 01 / 25 / 2010
	Mailing Address 1868 COLUMBIA RD NW APT 511	Amount of Each Disbursement this Period 1089.05
	City WASHINGTON State DC Zip Code 20009	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.141 Date of Disbursement 03 / 24 / 2010
	Mailing Address 1868 COLUMBIA RD NW APT 511	Amount of Each Disbursement this Period 1190.10
	City WASHINGTON State DC Zip Code 20009	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2309.15
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.49
	Mailing Address 1868 COLUMBIA RD NW APT 511	Date of Disbursement MM / DD / YYYY 02 / 26 / 2010
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period 2629.49
	Purpose of Disbursement FOOD/BEVERAGE/TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type

B.	Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.61
	Mailing Address PO BOX 9190	Date of Disbursement MM / DD / YYYY 01 / 25 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 6466.19
	Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type

C.	Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.66
	Mailing Address PO BOX 9190	Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 6464.46
	Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	15560.14
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.71 Date of Disbursement 03 / 30 / 2010	
	Mailing Address PO BOX 9190		
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period	6464.46
	Purpose of Disbursement PAYROLL		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) TRISHA HAMM	Transaction ID: SB21.132 Date of Disbursement 02 / 19 / 2010	
	Mailing Address 2495 RYAN AVE NORTH ST		
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period	390.50
	Purpose of Disbursement TRAVEL		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) TRISHA HAMM	Transaction ID: SB21.62 Date of Disbursement 01 / 25 / 2010	
	Mailing Address PO BOX 9190		
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period	4025.55
	Purpose of Disbursement PAYROLL		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

10880.51

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) TRISHA HAMM	Transaction ID: SB21.67
	Mailing Address PO BOX 9190	Date of Disbursement 02 / 25 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 4025.55
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TRISHA HAMM	Transaction ID: SB21.72
	Mailing Address PO BOX 9190	Date of Disbursement 03 / 30 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 4025.55
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ANN KELLY	Transaction ID: SB21.139
	Mailing Address 930 M ST NW APT 133	Date of Disbursement 03 / 24 / 2010
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 197.00
	Purpose of Disbursement TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8248.10
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
ANN KELLY

Transaction ID: SB21.63
Date of Disbursement

Mailing Address PO BOX 9190

/ /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
ANN KELLY

Transaction ID: SB21.68
Date of Disbursement

Mailing Address PO BOX 9190

/ /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ANN KELLY

Transaction ID: SB21.73
Date of Disbursement

Mailing Address PO BOX 9190

/ /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ANN KELLY	Transaction ID: SB21.99 Date of Disbursement MM / DD / YYYY 02 / 04 / 2010
	Mailing Address 930 M ST NW APT 133	Amount of Each Disbursement this Period 330.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement PHOTOGRAPHS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) MR. JOHN M. MORRISON	Transaction ID: SB21.4806 Date of Disbursement MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 3093 FT. CHARLES DRIVE	Amount of Each Disbursement this Period 3739.74
	City NAPLES State FL Zip Code 34102	
	Purpose of Disbursement IN-KIND FOOD & BEVERAGE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) RHONDA OLYNYK	Transaction ID: SB21.127 Date of Disbursement MM / DD / YYYY 02 / 04 / 2010
	Mailing Address 15283 FAIRBANKS TRAIL NE	Amount of Each Disbursement this Period 130.00
	City PRIOR LAKE State MN Zip Code 55372	
	Purpose of Disbursement TRANSCRIPTION SVC	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	4199.74
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ROSIE OWENS	Transaction ID: SB21.18
	Mailing Address 1070 FERNDAL RD W	Date of Disbursement 03 / 05 / 2010
	City WAYZATA State MN Zip Code 55391	Amount of Each Disbursement this Period 1807.45
	Purpose of Disbursement CATERING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) MR. HENRY RODRIGUEZ	Transaction ID: SB21.5118
	Mailing Address PO BOX 579	Date of Disbursement 03 / 15 / 2010
	City OSPREY State FL Zip Code 34229-0579	Amount of Each Disbursement this Period 381.00
	Purpose of Disbursement IN-KIND: FOOD AND BEVERAGE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) DON STILES	Transaction ID: SB21.64
	Mailing Address PO BOX 9190	Date of Disbursement 01 / 25 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 3255.02
	Purpose of Disbursement PAYROLL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5443.47
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DON STILES	Transaction ID: SB21.69
	Mailing Address PO BOX 9190	Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 3255.02
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DON STILES	Transaction ID: SB21.74
	Mailing Address PO BOX 9190	Date of Disbursement MM / DD / YYYY 03 / 30 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 3255.02
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WILLIAM STRONG	Transaction ID: SB21.136
	Mailing Address 904 NORTH GREEN BAY RD	Date of Disbursement MM / DD / YYYY 03 / 05 / 2010
	City LAKE FOREST State IL Zip Code 60045	Amount of Each Disbursement this Period 753.42
	Purpose of Disbursement TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7263.46

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SID VERDOORN	Transaction ID: SB21.142 Date of Disbursement																			
	Mailing Address 28210 WOODSIDE DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
	City EXCELSIOR State MN Zip Code 55331	Amount of Each Disbursement this Period																			
	Purpose of Disbursement TRAVEL- 3/25/2010	<table border="1"><tr><td>888.80</td></tr></table>	888.80																		
888.80																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) SID VERDOORN	Transaction ID: SB21.144 Date of Disbursement																			
	Mailing Address 28210 WOODSIDE DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	0												
	City EXCELSIOR State MN Zip Code 55331	Amount of Each Disbursement this Period																			
	Purpose of Disbursement TRAVEL- 3/25/2010	<table border="1"><tr><td>444.40</td></tr></table>	444.40																		
444.40																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) SID VERDOORN	Transaction ID: SB21.16 Date of Disbursement																			
	Mailing Address 28210 WOODSIDE DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	1	0												
	City EXCELSIOR State MN Zip Code 55331	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CATERING	<table border="1"><tr><td>3932.50</td></tr></table>	3932.50																		
3932.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5265.70</td></tr></table>	5265.70
5265.70		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

<p>A. Full Name (Last, First, Middle Initial) 2010 REPUBLICAN LINCOLN DAY DINNER</p> <p>Mailing Address 6465 LAREDO ST</p> <p>City LAS VEGAS State NV Zip Code 89146</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.147</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="406.38"/></p>
<p>B. Full Name (Last, First, Middle Initial) ALERUS CENTER</p> <p>Mailing Address 1200 42ND STREET SOUTH</p> <p>City GRAND FORKS State ND Zip Code 58201</p> <p>Purpose of Disbursement FACILITY RENTAL</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: SB21.31</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <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="140.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement BANK FEE</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: SB21.11</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="364.73"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="911.11"/></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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101 Purpose of Disbursement BANK FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.4 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 592.91
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101 Purpose of Disbursement BANK FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.8 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 838.93
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) BB&T Mailing Address 300 SOUTH WASHINGTON ST City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement BANK FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.12 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 473.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1904.84
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)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BB&T</p> <p>Mailing Address 300 SOUTH WASHINGTON ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement BANK FEE</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: SB21.5</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 193.50</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BB&T</p> <p>Mailing Address 300 SOUTH WASHINGTON ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement INSURANCE</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: SB21.54</p> <p>Date of Disbursement 02 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2592.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BB&T</p> <p>Mailing Address 300 SOUTH WASHINGTON ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement BANK FEE</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: SB21.9</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 9.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2794.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
BB&T VISA BUSINESS CARD

Mailing Address PO BOX 24747

City TAMPA State FL Zip Code 33623

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SBCCP.1
Date of Disbursement 01 / 18 / 2010

Amount of Each Disbursement this Period 10945.59

B.

Full Name (Last, First, Middle Initial)
AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SBCCD.26
Date of Disbursement 01 / 18 / 2010

Amount of Each Disbursement this Period 129.60

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SBCCD.31
Date of Disbursement 01 / 18 / 2010

Amount of Each Disbursement this Period 154.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 10945.59

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

<p>A. Full Name (Last, First, Middle Initial) AMERICAN AIRLINES</p> <p>Mailing Address 4333 AMON CARTER BLVD</p> <p>City FT WORTH State TX Zip Code 76155</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SBCCD.44</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <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="530.30"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address ONE AT&T PLAZA</p> <p>City DALLAS State TX Zip Code 75202</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SBCCD.25</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <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="107.46"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) BEST BUY</p> <p>Mailing Address 7601 PENN AVE S</p> <p>City RICHFIELD State MN Zip Code 55423</p> <p>Purpose of Disbursement EQUIPMENT PURCHASE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SBCCD.29</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <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="148.40"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) BEST BUY <hr/> Mailing Address 7601 PENN AVE S <hr/> City RICHFIELD State MN Zip Code 55423 <hr/> Purpose of Disbursement EQUIPMENT PURCHASE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.47 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 635.98 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) BOSTON COACH <hr/> Mailing Address 70 FARGO ST <hr/> City BOSTON State MA Zip Code 92210 <hr/> Purpose of Disbursement TRANSPORTATION SVC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.36 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 241.65 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) BOSTON COACH <hr/> Mailing Address 70 FARGO ST <hr/> City BOSTON State MA Zip Code 92210 <hr/> Purpose of Disbursement TRANSPORTATION SVC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.45 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 567.90 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

**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)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) COMMON MAN	Transaction ID: SBCCD.38 Date of Disbursement 01 / 18 / 2010
	Mailing Address PO BOX 581	Amount of Each Disbursement this Period 315.00
	City ASHLAND State NH Zip Code 93217	
	Purpose of Disbursement FOOD/BEVERAGE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES	Transaction ID: SBCCD.41 Date of Disbursement 01 / 18 / 2010
	Mailing Address 1600 SMITH ST	Amount of Each Disbursement this Period 459.20
	City HOUSTON State TX Zip Code 77002	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) COURTYARD BY MARRIOTT	Transaction ID: SBCCD.30 Date of Disbursement 01 / 18 / 2010
	Mailing Address 10400 FERNWOOD RD	Amount of Each Disbursement this Period 151.51
	City BETHESDA State MD Zip Code 20817	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) COURTYARD BY MARRIOTT	Transaction ID: SBCCD.32
	Mailing Address 10400 FERNWOOD RD	Date of Disbursement MM / DD / YYYY 01 / 18 / 2010
	City BETHESDA State MD Zip Code 20817	Amount of Each Disbursement this Period 175.51
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) COURTYARD BY MARRIOTT	Transaction ID: SBCCD.33
	Mailing Address 10400 FERNWOOD RD	Date of Disbursement MM / DD / YYYY 01 / 18 / 2010
	City BETHESDA State MD Zip Code 20817	Amount of Each Disbursement this Period 189.66
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) CVS	Transaction ID: SBCCD.16
	Mailing Address 1 CVS DR	Date of Disbursement MM / DD / YYYY 01 / 18 / 2010
	City WOONSOCKET State RI Zip Code 92895	Amount of Each Disbursement this Period 38.22
	Purpose of Disbursement PAPER/PENS/FOLDERS/INK	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.11
Date of Disbursement 01 / 18 / 2010

Amount of Each Disbursement this Period 20.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.42
Date of Disbursement 01 / 18 / 2010

Amount of Each Disbursement this Period 490.20

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.43
Date of Disbursement 01 / 18 / 2010

Amount of Each Disbursement this Period 490.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

Use separate schedule(s)
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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.1 Date of Disbursement 01 / 18 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 10.60
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.10 Date of Disbursement 01 / 18 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 19.18
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.13 Date of Disbursement 01 / 18 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 30.60
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.14 Date of Disbursement 01 / 18 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 37.54
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.15 Date of Disbursement 01 / 18 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 37.54
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.18 Date of Disbursement 01 / 18 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 40.65
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.2 Date of Disbursement 01 / 18 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 11.58
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.22 Date of Disbursement 01 / 18 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 85.49
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.4 Date of Disbursement 01 / 18 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 14.16
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.5
	Mailing Address 942 SOUTH SHADY GROVE RD	Date of Disbursement 01 / 18 / 2010
	City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 14.81
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.9
	Mailing Address 942 SOUTH SHADY GROVE RD	Date of Disbursement 01 / 18 / 2010
	City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 17.90
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SBCCD.24
	Mailing Address 7930 JONES BRANCH DR STE 1100	Date of Disbursement 01 / 18 / 2010
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 104.39
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SBCCD.28 Date of Disbursement 01 / 18 / 2010
	Mailing Address 7930 JONES BRANCH DR STE 1100	Amount of Each Disbursement this Period 141.36
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SBCCD.35 Date of Disbursement 01 / 18 / 2010
	Mailing Address 7930 JONES BRANCH DR STE 1100	Amount of Each Disbursement this Period 231.85
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SBCCD.37 Date of Disbursement 01 / 18 / 2010
	Mailing Address 7930 JONES BRANCH DR STE 1100	Amount of Each Disbursement this Period 266.28
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SBCCD.39
	Mailing Address 7930 JONES BRANCH DR STE 1100	Date of Disbursement 01 / 18 / 2010
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 320.06
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) J2 EFAK PLUS SERVICE	Transaction ID: SBCCD.7
	Mailing Address 6922 HOLLYWOOD BLVD 5TH FL	Date of Disbursement 01 / 18 / 2010
	City LOS ANGELES State CA Zip Code 90028	Amount of Each Disbursement this Period 16.95
	Purpose of Disbursement FAX SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) KINKEADS	Transaction ID: SBCCD.23
	Mailing Address 2000 PENNSYLVANIA AVE NW	Date of Disbursement 01 / 18 / 2010
	City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period 100.53
	Purpose of Disbursement FOOD/BEVERAGE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MCCORMICK & SCHMICK'S	Transaction ID: SBCCD.20 Date of Disbursement 01 / 18 / 2010
	Mailing Address 720 SW WASHINGTON ST STE 550	Amount of Each Disbursement this Period 65.00
	City PORTLAND State OR Zip Code 97205	
	Purpose of Disbursement FOOD/BEVERAGE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) METRO WASHINGTON AIRPORT	Transaction ID: SBCCD.17 Date of Disbursement 01 / 18 / 2010
	Mailing Address 1 AVIATION CIRCLE	Amount of Each Disbursement this Period 40.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) NORTHWEST AIRLINES	Transaction ID: SBCCD.12 Date of Disbursement 01 / 18 / 2010
	Mailing Address 2700 LONE OAK PKWY EAGAN	Amount of Each Disbursement this Period 20.00
	City MINNEAPOLIS State MN Zip Code 55121	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
NORTHWEST AIRLINES

Mailing Address 2700 LONE OAK PKWY EAGAN

City State Zip Code
MINNEAPOLIS MN 55121

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.46
Date of Disbursement

01 / 18 / 2010

Amount of Each Disbursement this Period

615.20

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
NORTHWEST AIRLINES

Mailing Address 2700 LONE OAK PKWY EAGAN

City State Zip Code
MINNEAPOLIS MN 55121

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.48
Date of Disbursement

01 / 18 / 2010

Amount of Each Disbursement this Period

1053.20

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
NORTHWEST AIRLINES

Mailing Address 2700 LONE OAK PKWY EAGAN

City State Zip Code
MINNEAPOLIS MN 55121

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.49
Date of Disbursement

01 / 18 / 2010

Amount of Each Disbursement this Period

1853.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) RENAISSANCE HOTELS	Transaction ID: SBCCD.19 Date of Disbursement
	Mailing Address 10400 FERNWOOD RD	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City BETHESDA State MD Zip Code 20817	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="58.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) SOFITEL HOTELS	Transaction ID: SBCCD.21 Date of Disbursement
	Mailing Address 45 WEST 44TH ST	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City NEW YORK State NY Zip Code 10036	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="71.01"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) UPS STORE	Transaction ID: SBCCD.6 Date of Disbursement
	Mailing Address 55 GLENLAKE PKWY NE	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City ATLANTA State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement DELIVERY	<input type="text" value="16.47"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) USPS Mailing Address 408 SAINT PETER ST City SAINT PAUL State MN Zip Code 55102 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.27 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 0
	Category/Type Amount of Each Disbursement this Period 132.00 [MEMO ITEM]	

B. Full Name (Last, First, Middle Initial) USPS Mailing Address 408 SAINT PETER ST City SAINT PAUL State MN Zip Code 55102 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.8 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 0
	Category/Type Amount of Each Disbursement this Period 17.60 [MEMO ITEM]	

C. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address PO BOX 553 City WARRENDALE State PA Zip Code 15086 Purpose of Disbursement PHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.34 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 0
	Category/Type Amount of Each Disbursement this Period 214.24 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SBCCD.40
	Mailing Address PO BOX 553	Date of Disbursement 01 / 18 / 2010
	City WARRENDALE State PA Zip Code 15086	Amount of Each Disbursement this Period 429.08
	Purpose of Disbursement PHONE SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) YELLOW CAB	Transaction ID: SBCCD.3
	Mailing Address 244 FIFTH AVE	Date of Disbursement 01 / 18 / 2010
	City NEW YORK State NY Zip Code 10001	Amount of Each Disbursement this Period 13.44
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) BB&T VISA BUSINESS CARD	Transaction ID: SBCCP.2
	Mailing Address PO BOX 24747	Date of Disbursement 02 / 11 / 2010
	City TAMPA State FL Zip Code 33623	Amount of Each Disbursement this Period 18583.54
	Purpose of Disbursement CREDIT CARD PAYMENT	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	18583.54
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) AIRTRAN	Transaction ID: SBCCD.99
	Mailing Address 9955 AIRTRAN BLVD	Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
	City ORLANDO State FL Zip Code 32827	Amount of Each Disbursement this Period 260.10
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) AMAZON.COM	Transaction ID: SBCCD.109
	Mailing Address 1200 12TH AVE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
	City SEATTLE State WA Zip Code 98144	Amount of Each Disbursement this Period 1022.95
	Purpose of Disbursement PUBLICATIONS	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	Transaction ID: SBCCD.101
	Mailing Address 4333 AMON CARTER BLVD	Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
	City FT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 362.80
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN AIRLINES</p> <p>Mailing Address 4333 AMON CARTER BLVD</p> <p>City FT WORTH State TX Zip Code 76155</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SBCCD.102</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="362.80"/></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN AIRLINES</p> <p>Mailing Address 4333 AMON CARTER BLVD</p> <p>City FT WORTH State TX Zip Code 76155</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SBCCD.89</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="140.60"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN AIRLINES</p> <p>Mailing Address 4333 AMON CARTER BLVD</p> <p>City FT WORTH State TX Zip Code 76155</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SBCCD.93</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="158.70"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) AUSTIN GRILL Mailing Address 505 HUNTMAR PARK DR STE 350 City HERNDON State VA Zip Code 20170 Purpose of Disbursement FOOD/BEVERAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBCCD.85 Date of Disbursement 02 / 11 / 2010
	Amount of Each Disbursement this Period 121.12 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) BARRY'S PIZZA Mailing Address 6003 RICHMOND AVE City HOUSTON State TX Zip Code 77057 Purpose of Disbursement FOOD/BEVERAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBCCD.57 Date of Disbursement 02 / 11 / 2010
	Amount of Each Disbursement this Period 18.34 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) BEST BUY Mailing Address 7601 PENN AVE S City RICHFIELD State MN Zip Code 55423 Purpose of Disbursement EQUIPMENT PURCHASE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBCCD.77 Date of Disbursement 02 / 11 / 2010
	Amount of Each Disbursement this Period 75.24 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BEST WESTERN	Transaction ID: SBCCD.82 Date of Disbursement 02 / 11 / 2010
	Mailing Address 6201 N 24 TH PARKWAY	Amount of Each Disbursement this Period 113.61
	City PHOENIX State AZ Zip Code 85016	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) CVS	Transaction ID: SBCCD.58 Date of Disbursement 02 / 11 / 2010
	Mailing Address 1 CVS DR	Amount of Each Disbursement this Period 19.10
	City WOONSOCKET State RI Zip Code 92895	
	Purpose of Disbursement PAPER/PENS/FOLDERS/INK	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SBCCD.103 Date of Disbursement 02 / 11 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 400.70
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.104
Date of Disbursement: 02 / 11 / 2010

Amount of Each Disbursement this Period: 400.70

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.110
Date of Disbursement: 02 / 11 / 2010

Amount of Each Disbursement this Period: 1820.80

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.111
Date of Disbursement: 02 / 11 / 2010

Amount of Each Disbursement this Period: 1820.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER: (check only one)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.112
Date of Disbursement: 02 / 11 / 2010

Amount of Each Disbursement this Period: 1875.40

Category/Type

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.113
Date of Disbursement: 02 / 11 / 2010

Amount of Each Disbursement this Period: 1875.40

Category/Type

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.114
Date of Disbursement: 02 / 11 / 2010

Amount of Each Disbursement this Period: 1875.40

Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER: (check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SBCCD.60 Date of Disbursement 02 / 11 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 20.00
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SBCCD.61 Date of Disbursement 02 / 11 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 20.00
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) DOUBLETREE HOTELS	Transaction ID: SBCCD.86 Date of Disbursement 02 / 11 / 2010
	Mailing Address 7930 JONES BRANCH DR STE 1100	Amount of Each Disbursement this Period 123.17
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
DOUBLETREE HOTELS

Mailing Address 7930 JONES BRANCH DR STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.87
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DOUBLETREE HOTELS

Mailing Address 7930 JONES BRANCH DR STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.88
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DOWNTOWN WOODFIRE GRILL

Mailing Address 253 7TH ST W

City SAINT PAUL State MN Zip Code 55102

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.73
Date of Disbursement

/ /

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)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.50 Date of Disbursement 02 / 11 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 4.21
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.52 Date of Disbursement 02 / 11 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 11.35
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.53 Date of Disbursement 02 / 11 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 14.36
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.54
Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

15.08

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.55
Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

15.19

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.59
Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

19.18

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.62
	Mailing Address 942 SOUTH SHADY GROVE RD	Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
	City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 21.65
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.63
	Mailing Address 942 SOUTH SHADY GROVE RD	Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
	City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 22.79
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.64
	Mailing Address 942 SOUTH SHADY GROVE RD	Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
	City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 22.86
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address 942 SOUTH SHADY GROVE RD City MEMPHIS State TN Zip Code 38120 Purpose of Disbursement DELIVERY Candidate Name 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: SBCCD.68 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 37.54 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address 942 SOUTH SHADY GROVE RD City MEMPHIS State TN Zip Code 38120 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <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: SBCCD.70 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 39.70 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address 942 SOUTH SHADY GROVE RD City MEMPHIS State TN Zip Code 38120 Purpose of Disbursement DELIVERY Candidate Name 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: SBCCD.72 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 43.92 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) FEDEX Mailing Address 942 SOUTH SHADY GROVE RD City MEMPHIS State TN Zip Code 38120 Purpose of Disbursement DELIVERY Candidate Name 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: SBCCD.91 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 142.82 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) HERTZ RENT A CAR Mailing Address 225 BRAE BLVD City PARK RIDGE State NJ Zip Code 07656 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.80 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 94.70 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) HILTON HOTELS Mailing Address 7930 JONES BRANCH DR STE 1100 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement FOOD/BEVERAGE 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: SBCCD.76 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 63.23 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SBCCD.81 Date of Disbursement 02 / 11 / 2010
	Mailing Address 7930 JONES BRANCH DR STE 1100	Amount of Each Disbursement this Period 110.20
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) J2 EFAV PLUS SERVICE	Transaction ID: SBCCD.56 Date of Disbursement 02 / 11 / 2010
	Mailing Address 6922 HOLLYWOOD BLVD 5TH FL	Amount of Each Disbursement this Period 16.95
	City LOS ANGELES State CA Zip Code 90028	
	Purpose of Disbursement FAX SERVICE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) LAURA INGRAHAM.COM	Transaction ID: SBCCD.74 Date of Disbursement 02 / 11 / 2010
	Mailing Address 1915 10TH AVE WEST	Amount of Each Disbursement this Period 49.95
	City MOBRIDGE State SD Zip Code 57601	
	Purpose of Disbursement SUBSCRIPTIONS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.100
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.78
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.96
Date of Disbursement

/ /

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)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) METRO WASHINGTON AIRPORT	Transaction ID: SBCCD.71 Date of Disbursement 02 / 11 / 2010
	Mailing Address 1 AVIATION CIRCLE	Amount of Each Disbursement this Period 40.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement PARKING SERVICE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) NORTHWEST AIRLINES	Transaction ID: SBCCD.106 Date of Disbursement 02 / 11 / 2010
	Mailing Address 2700 LONE OAK PKWY EAGAN	Amount of Each Disbursement this Period 621.20
	City MINNEAPOLIS State MN Zip Code 55121	
	Purpose of Disbursement TRAVEL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) NORTHWEST AIRLINES	Transaction ID: SBCCD.107 Date of Disbursement 02 / 11 / 2010
	Mailing Address 2700 LONE OAK PKWY EAGAN	Amount of Each Disbursement this Period 640.70
	City MINNEAPOLIS State MN Zip Code 55121	
	Purpose of Disbursement TRAVEL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
NORTHWEST AIRLINES

Mailing Address 2700 LONE OAK PKWY EAGAN

City State Zip Code
MINNEAPOLIS MN 55121

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.108
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
O'GARAS BAR & GRILL

Mailing Address 164 SNELLING AVE NORTH

City State Zip Code
SAINT PAUL MN 55104

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.90
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
OFFICE MAX

Mailing Address 263 SHUMAN BLVD

City State Zip Code
NAPERVILLE IL 60563

Purpose of Disbursement
PAPER/PENS/FOLDERS/INK

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.92
Date of Disbursement

/ /

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) POSTE BRASSIERE Mailing Address 555 8TH ST NW City WASHINGTON State DC Zip Code 20004 Purpose of Disbursement FOOD/BEVERAGE 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: SBCCD.75 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 51.28 [MEMO ITEM]	

B. Full Name (Last, First, Middle Initial) SHELL OIL Mailing Address PO BOX 2463 City HOUSTON State TX Zip Code 77252 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.51 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 8.52 [MEMO ITEM]	

C. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES Mailing Address PO BOX 36647-1CR City DALLAS State TX Zip Code 75235 Purpose of Disbursement TRAVEL Candidate Name 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: SBCCD.67 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 30.00 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SBCCD.79
	Mailing Address PO BOX 36647-1CR	Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 77.10
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SBCCD.83
	Mailing Address PO BOX 36647-1CR	Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 115.20
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SBCCD.84
	Mailing Address PO BOX 36647-1CR	Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 117.70
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SBCCD.94
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SBCCD.95
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
THE CAUCUS ROOM

Mailing Address 401 9TH ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SBCCD.69
Date of Disbursement

/ /

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
US AIRLINES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.105
Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

400.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US AIRLINES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.66
Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
US AIRLINES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.97
Date of Disbursement

02 / 11 / 2010

Amount of Each Disbursement this Period

220.90

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SBCCD.98 Date of Disbursement 02 / 11 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 256.30
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SBCCD.65 Date of Disbursement 02 / 11 / 2010
	Mailing Address 408 SAINT PETER ST	Amount of Each Disbursement this Period 23.14
	City SAINT PAUL State MN Zip Code 55102	
	Purpose of Disbursement POSTAGE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) BB&T VISA BUSINESS CARD	Transaction ID: SBCCP.3 Date of Disbursement 03 / 05 / 2010
	Mailing Address PO BOX 24747	Amount of Each Disbursement this Period 16583.21
	City TAMPA State FL Zip Code 33623	
	Purpose of Disbursement CREDIT CARD PAYMENT	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	16583.21
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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.169
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

477.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address ONE AT&T PLAZA

City DALLAS State TX Zip Code 75202

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.147
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

107.78

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address ONE AT&T PLAZA

City DALLAS State TX Zip Code 75202

Purpose of Disbursement
PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.154
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

156.78

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) AVIS RENT-A-CAR Mailing Address 6 SYLVAN WAY City PARSIPPANY State NJ Zip Code 07054 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBCCD.175 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 873.59 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) BEST BUY Mailing Address 7601 PENN AVE S City RICHFIELD State MN Zip Code 55423 Purpose of Disbursement EQUIPMENT PURCHASE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBCCD.176 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1104.98 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) CAPITOL CITY BREWING COMPANY Mailing Address 2 MASSACHUSETTS AVE NW City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement FOOD/BEVERAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBCCD.156 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 170.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) CHEF GEOFF'S Mailing Address 1301 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip Code 20004 Purpose of Disbursement FOOD/BEVERAGE 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: SBCCD.163 Date of Disbursement 03 / 05 / 2010 Amount of Each Disbursement this Period 238.28 [MEMO ITEM]
	Category/ Type	

B. Full Name (Last, First, Middle Initial) COSI INC Mailing Address 1751 LAKE-COOK RD STE 600 City DEERFIELD State IL Zip Code 60015 Purpose of Disbursement FOOD/BEVERAGE 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: SBCCD.149 Date of Disbursement 03 / 05 / 2010 Amount of Each Disbursement this Period 125.31 [MEMO ITEM]
	Category/ Type	

C. Full Name (Last, First, Middle Initial) CPAC Mailing Address 1007 CAMERON ST City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement REGISTRATION FEE 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: SBCCD.145 Date of Disbursement 03 / 05 / 2010 Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

<p>A. Full Name (Last, First, Middle Initial) CPAC</p> <p>Mailing Address 1007 CAMERON ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement REGISTRATION FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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: SBCCD.177</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1400.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) CROWNE PLAZA HOTEL</p> <p>Mailing Address PO BOX 30321</p> <p>City SALT LAKE CITY State UT Zip Code 84130</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SBCCD.155</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 157.63</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) CVS</p> <p>Mailing Address 1 CVS DR</p> <p>City WOONSOCKET State RI Zip Code 92895</p> <p>Purpose of Disbursement PAPER/PENS/FOLDERS/INK</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: SBCCD.123</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 13.31</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SBCCC.1
	Mailing Address PO BOX 20706	Date of Disbursement 03 / 05 / 2010
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period -1875.40
	Purpose of Disbursement CREDIT	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SBCCC.2
	Mailing Address PO BOX 20706	Date of Disbursement 03 / 05 / 2010
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period -1875.40
	Purpose of Disbursement CREDIT	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SBCCC.3
	Mailing Address PO BOX 20706	Date of Disbursement 03 / 05 / 2010
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period -1820.80
	Purpose of Disbursement CREDIT	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
CREDIT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCC.4
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

-1820.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
CREDIT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCC.5
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

-20.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
CREDIT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCC.6
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

-20.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.137
Date of Disbursement: 03 / 05 / 2010

Amount of Each Disbursement this Period: 34.00

Category/Type

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.158
Date of Disbursement: 03 / 05 / 2010

Amount of Each Disbursement this Period: 198.70

Category/Type

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SBCCD.178
Date of Disbursement: 03 / 05 / 2010

Amount of Each Disbursement this Period: 1859.40

Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SBCCD.179 Date of Disbursement 03 / 05 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 1979.40
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SBCCD.180 Date of Disbursement 03 / 05 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 1979.40
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) DUNKIN DONUTS	Transaction ID: SBCCD.128 Date of Disbursement 03 / 05 / 2010
	Mailing Address 130 ROYALL ST	Amount of Each Disbursement this Period 19.26
	City CANTON State MA Zip Code 02021	
	Purpose of Disbursement FOOD/BEVERAGE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
EMBASSY SUITES

Mailing Address 7930 JONES BRANCH DR STE 1100

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.152
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

135.99

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR

City State Zip Code
ST LOUIS MO 63105

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.173
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

744.06

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.115
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

1.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.119 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 10.58
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.120 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 10.58
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.121 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 13.05
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.122 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 13.21
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.124 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 13.85
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.127 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 18.40
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.130 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 22.68
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.133 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 30.09
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.138 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 35.73
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.140 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 47.93
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.141 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 49.59
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.151 Date of Disbursement 03 / 05 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 129.85
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
FOX SPORTS GRILL

Transaction ID: SBCCD.134
Date of Disbursement

Mailing Address 4195 EAST THOUSAND OAKS BLVD STE 1

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

City WESTLAKE VILLAGE State CA Zip Code 91362

Amount of Each Disbursement this Period

Purpose of Disbursement
FOOD/BEVERAGE

31.50

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)
FRONTIER AIRLINES

Transaction ID: SBCCD.171
Date of Disbursement

Mailing Address 7001 TOWER RD

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

City DENVER State CO Zip Code 80249

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

538.80

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)
HILTON HOTELS

Transaction ID: SBCCD.157
Date of Disbursement

Mailing Address 7930 JONES BRANCH DR STE 1100

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

City MCLEAN State VA Zip Code 22102

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

188.46

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SBCCD.159 Date of Disbursement
	Mailing Address 7930 JONES BRANCH DR STE 1100	<input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="205.27"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SBCCD.164 Date of Disbursement
	Mailing Address 7930 JONES BRANCH DR STE 1100	<input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="250.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) INTERCONTINENTAL HOTEL	Transaction ID: SBCCD.144 Date of Disbursement
	Mailing Address PO BOX 3321	<input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City SALT LAKE CITY State UT Zip Code 84130	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="90.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) J2 EFAX PLUS SERVICE	Transaction ID: SBCCD.126 Date of Disbursement
	Mailing Address 6922 HOLLYWOOD BLVD 5TH FL	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City LOS ANGELES State CA Zip Code 90028	Amount of Each Disbursement this Period
	Purpose of Disbursement FAX SERVICE	<input type="text" value="16.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) LENNY'S SUB SHOP	Transaction ID: SBCCD.118 Date of Disbursement
	Mailing Address 8295 TOURNAMENT DR STE 200	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City MEMPHIS State TN Zip Code 38125	Amount of Each Disbursement this Period
	Purpose of Disbursement FOOD/BEVERAGE	<input type="text" value="7.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) MARRIOTT HOTELS	Transaction ID: SBCCD.148 Date of Disbursement
	Mailing Address 10400 FERNWOOD RD	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City BETHESDA State MD Zip Code 20817	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="112.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) MARRIOTT HOTELS Mailing Address 10400 FERNWOOD RD City BETHESDA State MD Zip Code 20817 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.165 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Amount of Each Disbursement this Period 287.39 [MEMO ITEM]	

B. Full Name (Last, First, Middle Initial) MARRIOTT HOTELS Mailing Address 10400 FERNWOOD RD City BETHESDA State MD Zip Code 20817 Purpose of Disbursement FACILITY RENTAL/CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.181 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Amount of Each Disbursement this Period 5668.52 [MEMO ITEM]	

C. Full Name (Last, First, Middle Initial) MARRIOTT REGATTA GRILL Mailing Address 10400 FERNWOOD RD City BETHESDA State MD Zip Code 20817 Purpose of Disbursement FOOD/BEVERAGE 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: SBCCD.139 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Amount of Each Disbursement this Period 46.00 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MCKNIGHT LIQUOR BARREL

Mailing Address 2128 11TH AVE E

City ST PAUL State MN Zip Code 65177

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.135
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

31.64

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
METRO WASHINGTON AIRPORT

Mailing Address 1 AVIATION CIRCLE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.117
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

4.74

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
OFFICE DEPOT

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement
PAPER/PENS/FOLDERS/INK

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.143
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

79.33

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) PSAV PRESENTATION SERVICES Mailing Address 111 WEST OCEAN BLVD STE 1110 City LONG BEACH State CA Zip Code 90802 Purpose of Disbursement WEB SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.150 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Category/Type Amount of Each Disbursement this Period 127.20 [MEMO ITEM]	

B. Full Name (Last, First, Middle Initial) SCHMITT MUSIC CENTERS Mailing Address 2400 FREEWAY BLVD City PHOENIX State AZ Zip Code 85034 Purpose of Disbursement EQUIPMENT PURCHASE 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: SBCCD.125 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Category/Type Amount of Each Disbursement this Period 16.06 [MEMO ITEM]	

C. Full Name (Last, First, Middle Initial) SCOTTSDALE CONFERENCE RESORT Mailing Address 7700 EAST MCCORMICK PKWY City SCOTTSDALE State AZ Zip Code 85258 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SBCCD.160 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Category/Type Amount of Each Disbursement this Period 213.74 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 200 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) SCOTTSDALE CONFERENCE RESORT Mailing Address 7700 EAST MCCORMICK PKWY City SCOTTSDALE State AZ Zip Code 85258 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBCCD.161 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 213.74 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES Mailing Address PO BOX 36647-1CR City DALLAS State TX Zip Code 75235 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBCCD.153 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 154.00 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES Mailing Address PO BOX 36647-1CR City DALLAS State TX Zip Code 75235 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SBCCD.162 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 216.70 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 201 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SBCCD.167
	Mailing Address PO BOX 36647-1CR	Date of Disbursement 03 / 05 / 2010
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 353.70
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) STARBUCKS	Transaction ID: SBCCD.131
	Mailing Address PO BOX 3717	Date of Disbursement 03 / 05 / 2010
	City SEATTLE State WA Zip Code 98124	Amount of Each Disbursement this Period 26.40
	Purpose of Disbursement FOOD/BEVERAGE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) THE CAUCUS ROOM	Transaction ID: SBCCD.142
	Mailing Address 401 9TH ST NW	Date of Disbursement 03 / 05 / 2010
	City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period 78.00
	Purpose of Disbursement FOOD/BEVERAGE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 202 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
THE PALM RESTAURANT

Mailing Address 1730 RHODE ISLAND AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SBCCD.146
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

107.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
TOWNE PARK LTD

Mailing Address ONE PARK PL STE 200

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SBCCD.132
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

28.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
UNITED AIRLINES

Mailing Address 77 WACKER DR

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SBCCD.174
Date of Disbursement

03 / 05 / 2010

Amount of Each Disbursement this Period

844.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SBCCD.136 Date of Disbursement
	Mailing Address 4000 E SKY HARBOR BLVD	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="32.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SBCCD.166 Date of Disbursement
	Mailing Address 4000 E SKY HARBOR BLVD	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="288.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SBCCD.168 Date of Disbursement
	Mailing Address 4000 E SKY HARBOR BLVD	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="372.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SBCCD.170 Date of Disbursement 03 / 05 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 494.70
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SBCCD.172 Date of Disbursement 03 / 05 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 591.20
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SBCCD.116 Date of Disbursement 03 / 05 / 2010
	Mailing Address 408 SAINT PETER ST	Amount of Each Disbursement this Period 3.55
	City SAINT PAUL State MN Zip Code 55102	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
ZAHTAR

Mailing Address 615 2ND AVE S 2ND FL

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SBCCD.129
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BLT STEAK

Mailing Address 1625 EYE ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.17
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
BLUE CROSS BLUE SHIELD OF MINNESOTA

Mailing Address 3535 BLUE CROSS RD PO BOX 64676

City ST PAUL State MN Zip Code 55164

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.51
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)

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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)
Freedom First PAC

<p>A. Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD OF MINNESOTA</p> <p>Mailing Address 3535 BLUE CROSS RD PO BOX 64676</p> <p>City ST PAUL State MN Zip Code 55164</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.53 Date of Disbursement 02 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1930.00</p>
<p>B. Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD OF MINNESOTA</p> <p>Mailing Address 3535 BLUE CROSS RD PO BOX 64676</p> <p>City ST PAUL State MN Zip Code 55164</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.55 Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1930.00</p>
<p>C. Full Name (Last, First, Middle Initial) BLUEFRONT STRATEGIES LLC</p> <p>Mailing Address 44 CANAL CENTER PLAZA STE G1</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.104 Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8860.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
BLUEFRONT STRATEGIES LLC

Mailing Address 44 CANAL CENTER PLAZA STE G1

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.107

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP

Mailing Address PO BOX 503089

City State Zip Code
ST LOUIS MO 63150

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.56

Date of Disbursement

01 / 06 / 2010

Amount of Each Disbursement this Period

5046.25

C. Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP

Mailing Address PO BOX 503089

City State Zip Code
ST LOUIS MO 63150

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.57

Date of Disbursement

03 / 08 / 2010

Amount of Each Disbursement this Period

5140.46

SUBTOTAL of Disbursements This Page (optional) ▶

15186.71

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP

Transaction ID: SB21.58
Date of Disbursement

Mailing Address PO BOX 503089

/ /

City ST LOUIS State MO Zip Code 63150

Amount of Each Disbursement this Period

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CAPITOL CONNECTION

Transaction ID: SB21.29
Date of Disbursement

Mailing Address 4400 UNIVERSITY DR MS 1D2

/ /

City FAIRFAX State VA Zip Code 22030

Amount of Each Disbursement this Period

Purpose of Disbursement
EQUIPMENT INSTALLATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CAPITOL DIRECT

Transaction ID: SB21.110
Date of Disbursement

Mailing Address 2915 COMMERS DR STE 1000

/ /

City EAGAN State MN Zip Code 55121

Amount of Each Disbursement this Period

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
CAPITOL DIRECT

Transaction ID: SB21.111
Date of Disbursement

Mailing Address 2915 COMMERS DR STE 1000

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

City EAGAN State MN Zip Code 55121

Amount of Each Disbursement this Period

Purpose of Disbursement
PRINTING

Category/
Type

361.70

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CAPITOL DIRECT

Transaction ID: SB21.113
Date of Disbursement

Mailing Address 2915 COMMERS DR STE 1000

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	0

City EAGAN State MN Zip Code 55121

Amount of Each Disbursement this Period

Purpose of Disbursement
PRINTING

Category/
Type

1412.82

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CAPITOL DIRECT

Transaction ID: SB21.116
Date of Disbursement

Mailing Address 2915 COMMERS DR STE 1000

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

City EAGAN State MN Zip Code 55121

Amount of Each Disbursement this Period

Purpose of Disbursement
PRINTING/POSTAGE

Category/
Type

3936.65

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

5711.17

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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CAPITOL DIRECT	Transaction ID: SB21.120 Date of Disbursement
	Mailing Address 2915 COMMERS DR STE 1000	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City EAGAN State MN Zip Code 55121	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING/POSTAGE	<input type="text" value="377.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CARAHSOFT TECHNOLOGY CORPORATION	Transaction ID: SB21.156 Date of Disbursement
	Mailing Address 12369 SUNRISE VALLEY DR STE D2	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE	<input type="text" value="6757.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHRIS MOTTOLA CONSULTING INC	Transaction ID: SB21.151 Date of Disbursement
	Mailing Address 1382 LAFAYETTE ST	<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City CAPE MAY State NJ Zip Code 08204	Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE	<input type="text" value="7004.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="14138.75"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CHRIS MOTTOLA CONSULTING INC Mailing Address 1382 LAFAYETTE ST City CAPE MAY State NJ Zip Code 08204 Purpose of Disbursement VOID CHECK Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.161 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period -7004.00
B.	Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATABASE MANAGEMENT SVC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.26 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period 2081.40
C.	Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATABASE MANAGEMENT SVC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.27 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

-3422.60

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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.28 Date of Disbursement 03 / 05 / 2010
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 4307.34
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATABASE MANAGEMENT SVC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPANY OF VA LLC	Transaction ID: SB21.22 Date of Disbursement 01 / 06 / 2010
	Mailing Address PO BOX 365	Amount of Each Disbursement this Period 2500.00
	City MCLEAN State VA Zip Code 22101	
	Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPANY OF VA LLC	Transaction ID: SB21.23 Date of Disbursement 02 / 04 / 2010
	Mailing Address PO BOX 365	Amount of Each Disbursement this Period 2500.00
	City MCLEAN State VA Zip Code 22101	
	Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► 9307.34

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPANY OF VA LLC <hr/> Mailing Address PO BOX 365 <hr/> City MCLEAN State VA Zip Code 22101 <hr/> Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.24 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 91.46

B. Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPANY OF VA LLC <hr/> Mailing Address PO BOX 365 <hr/> City MCLEAN State VA Zip Code 22101 <hr/> Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.25 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00

C. Full Name (Last, First, Middle Initial) CONANT COMMUNICATIONS LLC <hr/> Mailing Address 1813 BILTMORE ST NW #A <hr/> City WASHINGTON State DC Zip Code 20009 <hr/> Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.102 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶	7591.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CONANT COMMUNICATIONS LLC	Transaction ID: SB21.105 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0	
	Mailing Address 1813 BILTMORE ST NW #A		Amount of Each Disbursement this Period 5337.40
	City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) CONANT COMMUNICATIONS LLC	Transaction ID: SB21.21 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0	
	Mailing Address 1813 BILTMORE ST NW #A		Amount of Each Disbursement this Period 7727.00
	City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) CORONADO CLUB	Transaction ID: SB21.19 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 0	
	Mailing Address 919 MILAM ST STE 500		Amount of Each Disbursement this Period 1962.68
	City HOUSTON State TX Zip Code 77002 Purpose of Disbursement CATERING Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15027.08
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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) COUNTRY CLUB OF ORLANDO	Transaction ID: SB21.48 Date of Disbursement 03 / 26 / 2010
	Mailing Address 1601 COUNTRY CLUB DR	Amount of Each Disbursement this Period 1300.00
	City ORLANDO State FL Zip Code 32804	
	Purpose of Disbursement FOOD/BEVERAGE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CRAFT MEDIA DIGITAL	Transaction ID: SB21.158 Date of Disbursement 02 / 26 / 2010
	Mailing Address 11 D ST SE CARRIAGE HOUSE	Amount of Each Disbursement this Period 6000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement WEB SERVICE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) D'AMICO CATERING	Transaction ID: SB21.13 Date of Disbursement 01 / 12 / 2010
	Mailing Address 901 HENNEPIN AVE	Amount of Each Disbursement this Period 4827.68
	City MINNEAPOLIS State MN Zip Code 55403	
	Purpose of Disbursement CATERING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	12127.68
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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DC TREASURER	Transaction ID: SB21.126 Date of Disbursement 03 / 08 / 2010
	Mailing Address PO BOX 96385	Amount of Each Disbursement this Period 100.00
	City WASHINGTON State DC Zip Code 20090	
	Purpose of Disbursement TAXES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DC TREASURER	Transaction ID: SB21.82 Date of Disbursement 01 / 25 / 2010
	Mailing Address PO BOX 96385	Amount of Each Disbursement this Period 1062.17
	City WASHINGTON State DC Zip Code 20090	
	Purpose of Disbursement PAYROLL TAXES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DC TREASURER	Transaction ID: SB21.85 Date of Disbursement 02 / 23 / 2010
	Mailing Address PO BOX 96385	Amount of Each Disbursement this Period 1066.67
	City WASHINGTON State DC Zip Code 20090	
	Purpose of Disbursement PAYROLL TAXES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2228.84
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
DC TREASURER

Mailing Address PO BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.88
Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

1066.67

B.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF EMPLOYMENT SERVICES

Mailing Address DISTRICT OF COLUMBIA, DOES, UNEMP.

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.81
Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

448.29

C.

Full Name (Last, First, Middle Initial)
DESERT CAB INC

Mailing Address 4675 WYNN RD

City LAS VEGAS State NV Zip Code 89103

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.148
Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

148.10

SUBTOTAL of Disbursements This Page (optional) ▶

1663.06

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) DOES - UC30</p> <p>Mailing Address PO BOX 96664</p> <p>City WASHINGTON State DC Zip Code 20090</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.90 Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 775.75</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address 7300 CHAPMAN HWY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.10 Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1410.20</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address 7300 CHAPMAN HWY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.3 Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 404.57</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2590.52

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)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address 7300 CHAPMAN HWY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement BANK FEE</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: SB21.7</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 960.51</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ENGAGE LLC</p> <p>Mailing Address 707 8TH ST SE STE 200</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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: SB21.150</p> <p>Date of Disbursement 01 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2862.96</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ENGAGE LLC</p> <p>Mailing Address 707 8TH ST SE STE 200</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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: SB21.153</p> <p>Date of Disbursement 01 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 8611.89</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12435.36

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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ENGAGE LLC	Transaction ID: SB21.157
	Mailing Address 707 8TH ST SE STE 200	Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ENGAGE LLC	Transaction ID: SB21.160
	Mailing Address 707 8TH ST SE STE 200	Date of Disbursement MM / DD / YYYY 03 / 24 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 16491.33
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FLS CONNECT LLC	Transaction ID: SB21.50
	Mailing Address 7300 HUDSON BLVD STE 270	Date of Disbursement MM / DD / YYYY 01 / 20 / 2010
	City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 8544.75
	Purpose of Disbursement FUNDRAISING PHONE CALLS Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	30036.08
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)
Freedom First PAC

<p>A. Full Name (Last, First, Middle Initial) FORWARD STRATEGIES</p> <p>Mailing Address 2118 EAST RANDOLPH CIRCLE</p> <p>City TALLAHASSEE State FL Zip Code 32308</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.45 Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 10372.11</p>
<p>B. Full Name (Last, First, Middle Initial) FOTOWATIO RENEWABLE VENTURES INC</p> <p>Mailing Address 44 MONTGOMERY ST STE 2200</p> <p>City SAN FRANCISCO State CA Zip Code 94104</p> <p>Purpose of Disbursement OFFICE RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.122 Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 6000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FOTOWATIO RENEWABLE VENTURES INC</p> <p>Mailing Address 44 MONTGOMERY ST STE 2200</p> <p>City SAN FRANCISCO State CA Zip Code 94104</p> <p>Purpose of Disbursement OFFICE RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.123 Date of Disbursement 02 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>

SUBTOTAL of Disbursements This Page (optional)	20372.11
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FOTOWATIO RENEWABLE VENTURES INC</p> <p>Mailing Address 44 MONTGOMERY ST STE 2200</p> <p>City SAN FRANCISCO State CA Zip Code 94104</p> <p>Purpose of Disbursement OFFICE RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.124</p> <p>Date of Disbursement 03 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) GR SEPPALA & ASSOCIATES LLC</p> <p>Mailing Address 1161 EAST WAYZATA BLVD BOX 210</p> <p>City WAYZATA State MN Zip Code 55391</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.137</p> <p>Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 763.20</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) GR SEPPALA & ASSOCIATES LLC</p> <p>Mailing Address 1161 EAST WAYZATA BLVD BOX 210</p> <p>City WAYZATA State MN Zip Code 55391</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.143</p> <p>Date of Disbursement 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 170.75</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4933.95

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) GR SEPPALA & ASSOCIATES LLC	Transaction ID: SB21.40 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 1 0	
	Mailing Address 1161 EAST WAYZATA BLVD BOX 210		
	City WAYZATA State MN Zip Code 55391	Amount of Each Disbursement this Period	4000.00
	Purpose of Disbursement FINANCE CONSULTING	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) GRAND HYATT WASHINGTON	Transaction ID: SB21.33 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 0	
	Mailing Address 1000 H ST NW		
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period	3250.00
	Purpose of Disbursement FACILITY RENTAL/CATERING	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) GRAND HYATT WASHINGTON	Transaction ID: SB21.34 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0	
	Mailing Address 1000 H ST NW		
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period	3321.60
	Purpose of Disbursement FACILITY RENTAL/CATERING	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

10571.60

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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) GREATER PHOENIX CHAMBER OF COMMERCE	Transaction ID: SB21.47 Date of Disbursement
	Mailing Address 201 N CENTRAL AVE 27TH FL	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City PHOENIX State AZ Zip Code 85004	Amount of Each Disbursement this Period
	Purpose of Disbursement FOOD/BEVERAGE	<input type="text" value="78.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GUERIN INC	Transaction ID: SB21.42 Date of Disbursement
	Mailing Address PO BOX 2590	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="510.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GUERIN INC	Transaction ID: SB21.46 Date of Disbursement
	Mailing Address PO BOX 2590	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING/TRAVEL	<input type="text" value="293.11"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="881.45"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) GULFCOAST AIRWAYS <hr/> Mailing Address 526 TERMINAL DR <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>NAPLES</td> <td>FL</td> <td>34104</td> </tr> </table> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement TRAVEL</td> <td style="width: 50%; text-align: center;"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought:</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">House</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Senate</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">President</td> <td style="width: 15%;">Disbursement For:</td> </tr> <tr> <td>State:</td> <td><input type="checkbox"/></td> <td>District:</td> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4">Other (specify) ▼</td> </tr> </table>	City	State	Zip Code	NAPLES	FL	34104	Purpose of Disbursement TRAVEL	<input type="text"/> Category/ Type	Candidate Name		Office Sought:	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:	State:	<input type="checkbox"/>	District:	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>					Other (specify) ▼				Transaction ID: SB21.134 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>988.63</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	1	0	988.63
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0	2		2	3		2	0	1	0																																															
988.63																																																								
B. Full Name (Last, First, Middle Initial) HYNES COMMUNICATIONS LLC <hr/> Mailing Address 121 BOW ST STE 6 <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>PORTSMOUTH</td> <td>NH</td> <td>03801</td> </tr> </table> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement COMMUNICATIONS CONSULTING</td> <td style="width: 50%; text-align: center;"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought:</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">House</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Senate</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">President</td> <td style="width: 15%;">Disbursement For:</td> </tr> <tr> <td>State:</td> <td><input type="checkbox"/></td> <td>District:</td> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4">Other (specify) ▼</td> </tr> </table>	City	State	Zip Code	PORTSMOUTH	NH	03801	Purpose of Disbursement COMMUNICATIONS CONSULTING	<input type="text"/> Category/ Type	Candidate Name		Office Sought:	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:	State:	<input type="checkbox"/>	District:	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>					Other (specify) ▼				Transaction ID: SB21.20 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	0	5000.00
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C. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE <hr/> Mailing Address 1111 CONSTITUTION AVE NW <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20224</td> </tr> </table> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement PAYROLL TAXES</td> <td style="width: 50%; text-align: center;"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought:</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">House</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Senate</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">President</td> <td style="width: 15%;">Disbursement For:</td> </tr> <tr> <td>State:</td> <td><input type="checkbox"/></td> <td>District:</td> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4">Other (specify) ▼</td> </tr> </table>	City	State	Zip Code	WASHINGTON	DC	20224	Purpose of Disbursement PAYROLL TAXES	<input type="text"/> Category/ Type	Candidate Name		Office Sought:	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:	State:	<input type="checkbox"/>	District:	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>					Other (specify) ▼				Transaction ID: SB21.79 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>211.67</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	1	0	211.67
City	State	Zip Code																																																						
WASHINGTON	DC	20224																																																						
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Candidate Name																																																								
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0	1		0	5		2	0	1	0																																															
211.67																																																								

SUBTOTAL of Disbursements This Page (optional)	6200.30
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE Mailing Address 1111 CONSTITUTION AVE NW City WASHINGTON State DC Zip Code 20224 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.84 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 7530.21 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE Mailing Address 1111 CONSTITUTION AVE NW City WASHINGTON State DC Zip Code 20224 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.87 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 7530.23 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE Mailing Address 1111 CONSTITUTION AVE NW City WASHINGTON State DC Zip Code 20224 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.91 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 7530.23 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	22590.67
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 227 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21.92
	Mailing Address 1111 CONSTITUTION AVE NW	Date of Disbursement MM / DD / YYYY 03 / 31 / 2010
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period 280.00
	Purpose of Disbursement PAYROLL TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) INTUIT	Transaction ID: SB21.59
	Mailing Address 2623 MARINE WAY	Date of Disbursement MM / DD / YYYY 03 / 26 / 2010
	City MOUNTAIN VALLEY State CA Zip Code 94043	Amount of Each Disbursement this Period 95.53
	Purpose of Disbursement CHECK SUPPLIES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) INTUIT PAYCYCLE	Transaction ID: SB21.76
	Mailing Address 2800 E COMMERCE CENTER PL	Date of Disbursement MM / DD / YYYY 03 / 24 / 2010
	City TUCSON State AZ Zip Code 85706	Amount of Each Disbursement this Period 54.99
	Purpose of Disbursement PAYROLL SVC/INSUR	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	430.52
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 228 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) INTUIT PAYCYCLE	Transaction ID: SB21.77 Date of Disbursement 01 / 26 / 2010
	Mailing Address 2800 E COMMERCE CENTER PL	Amount of Each Disbursement this Period 54.99
	City TUCSON State AZ Zip Code 85706	
	Purpose of Disbursement PAYROLL SVC/INSUR	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) INTUIT PAYCYCLE	Transaction ID: SB21.78 Date of Disbursement 02 / 24 / 2010
	Mailing Address 2800 E COMMERCE CENTER PL	Amount of Each Disbursement this Period 54.99
	City TUCSON State AZ Zip Code 85706	
	Purpose of Disbursement PAYROLL SVC-INSUR	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) JEWELL EVENTS CATERING	Transaction ID: SB21.15 Date of Disbursement 02 / 22 / 2010
	Mailing Address 424 NORTH WOOD ST	Amount of Each Disbursement this Period 1400.61
	City CHICAGO State IL Zip Code 60622	
	Purpose of Disbursement CATERING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1510.59
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 229 / 249

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) LSN INC	Transaction ID: SB21.94 Date of Disbursement 01 / 14 / 2010
	Mailing Address 1000 ABERNATHY RD STE 1110	Amount of Each Disbursement this Period 500.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement PHONE SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LSN INC	Transaction ID: SB21.96 Date of Disbursement 02 / 10 / 2010
	Mailing Address 1000 ABERNATHY RD STE 1110	Amount of Each Disbursement this Period 199.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement PHONE SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MARRIOTT GROUP	Transaction ID: SB21.38 Date of Disbursement 02 / 01 / 2010
	Mailing Address 113 SOUTH SAINT ASAPH ST STE 200	Amount of Each Disbursement this Period 2500.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3199.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MCGILL CONSULTING LLC	Transaction ID: SB21.39
	Mailing Address 7643 SOUTH BAY DR	Date of Disbursement MM / DD / YYYY 02 / 08 / 2010
	City BLOOMINGTON State MN Zip Code 55438	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MCGILL CONSULTING LLC	Transaction ID: SB21.44
	Mailing Address 7643 SOUTH BAY DR	Date of Disbursement MM / DD / YYYY 03 / 17 / 2010
	City BLOOMINGTON State MN Zip Code 55438	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MINNEAPOLIS CLUB	Transaction ID: SB21.32
	Mailing Address 729-2ND AVE SOUTH	Date of Disbursement MM / DD / YYYY 03 / 30 / 2010
	City MINNEAPOLIS State MN Zip Code 55402	Amount of Each Disbursement this Period 90.00
	Purpose of Disbursement FACILITY RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5090.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MINNESOTA YOUNG REPUBLICANS	Transaction ID: SB21.121 Date of Disbursement
	Mailing Address 525 PARK ST STE 250	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City ST PAUL State MN Zip Code 55103	Amount of Each Disbursement this Period
	Purpose of Disbursement REGISTRATION FEE	<input type="text" value="375.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MINNESOTA DEPARTMENT OF REVENUE	Transaction ID: SB21.80 Date of Disbursement
	Mailing Address 600 NORTH ROBERT ST	<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="605.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MINNESOTA DEPARTMENT OF REVENUE	Transaction ID: SB21.83 Date of Disbursement
	Mailing Address 600 NORTH ROBERT ST	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="342.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1322.39"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) MINNESOTA DEPARTMENT OF REVENUE <hr/> Mailing Address 600 NORTH ROBERT ST <hr/> City ST PAUL State MN Zip Code 55101 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.86 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 342.39 <hr/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) MINNESOTA DEPARTMENT OF REVENUE <hr/> Mailing Address 600 NORTH ROBERT ST <hr/> City ST PAUL State MN Zip Code 55101 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.89 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 342.39 <hr/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) NEW FRONTIER STRATEGY <hr/> Mailing Address 315 KENTUCKY AVE <hr/> City ALEXANDRIA State VA Zip Code 22305 <hr/> Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.103 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 9000.00 <hr/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9684.78
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
NEW FRONTIER STRATEGY

Transaction ID: SB21.106

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	0

Mailing Address 315 KENTUCKY AVE

Amount of Each Disbursement this Period

9000.00

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
NEW FRONTIER STRATEGY

Transaction ID: SB21.109

Date of Disbursement

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

Mailing Address 315 KENTUCKY AVE

Amount of Each Disbursement this Period

9723.53

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/RENT/TRAVE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
PETITS PLATS RESTAURANT

Transaction ID: SB21.14

Date of Disbursement

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

Mailing Address 2653 CONNECTICUT AVE NW

Amount of Each Disbursement this Period

750.00

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
CATERING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

19473.53

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)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) PETITS PLATS RESTAURANT	Transaction ID: SB21.30
	Mailing Address 2653 CONNECTICUT AVE NW	Date of Disbursement MM / DD / YYYY 02 / 04 / 2010
	City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement FACILITY RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	Transaction ID: SB21.112
	Mailing Address 15260 113TH ST NORTH	Date of Disbursement MM / DD / YYYY 01 / 31 / 2010
	City STILLWATER State MN Zip Code 55082	Amount of Each Disbursement this Period 1514.92
	Purpose of Disbursement PRINTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	Transaction ID: SB21.114
	Mailing Address 15260 113TH ST NORTH	Date of Disbursement MM / DD / YYYY 03 / 18 / 2010
	City STILLWATER State MN Zip Code 55082	Amount of Each Disbursement this Period 640.64
	Purpose of Disbursement PRINTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) **2355.56**

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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	Transaction ID: SB21.115 Date of Disbursement 03 / 29 / 2010
	Mailing Address 15260 113TH ST NORTH	Amount of Each Disbursement this Period 1399.09
	City STILLWATER State MN Zip Code 55082	
	Purpose of Disbursement PRINTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	Transaction ID: SB21.117 Date of Disbursement 02 / 01 / 2010
	Mailing Address 15260 113TH ST NORTH	Amount of Each Disbursement this Period 15998.34
	City STILLWATER State MN Zip Code 55082	
	Purpose of Disbursement PRINTING/POSTAGE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	Transaction ID: SB21.118 Date of Disbursement 02 / 04 / 2010
	Mailing Address 15260 113TH ST NORTH	Amount of Each Disbursement this Period 8626.65
	City STILLWATER State MN Zip Code 55082	
	Purpose of Disbursement PRINTING/POSTAGE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	26024.08
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)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC</p> <p>Mailing Address 15260 113TH ST NORTH</p> <p>City STILLWATER State MN Zip Code 55082</p> <p>Purpose of Disbursement PRINTING/POSTAGE</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: SB21.119</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14878.53"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PKL CONSULTING LLC</p> <p>Mailing Address 621 THORNWOOD LN</p> <p>City NORTHFIELD State IL Zip Code 60093</p> <p>Purpose of Disbursement FINANCE CONSULTING</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: SB21.35</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PKL CONSULTING LLC</p> <p>Mailing Address 621 THORNWOOD LN</p> <p>City NORTHFIELD State IL Zip Code 60093</p> <p>Purpose of Disbursement FINANCE CONSULTING</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: SB21.37</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6450.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="25328.53"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) PKL CONSULTING LLC	Transaction ID: SB21.41 Date of Disbursement 03 / 01 / 2010
	Mailing Address 621 THORNWOOD LN	Amount of Each Disbursement this Period 4375.00
	City NORTHFIELD State IL Zip Code 60093	
	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RACKSPACE US INC	Transaction ID: SB21.149 Date of Disbursement 02 / 22 / 2010
	Mailing Address PO BOX 730759	Amount of Each Disbursement this Period 8280.00
	City DALLAS State TX Zip Code 75373	
	Purpose of Disbursement WEB SERIVCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SHADOWTV INC	Transaction ID: SB21.125 Date of Disbursement 03 / 02 / 2010
	Mailing Address 630 NINTH AVE STE 1000 10TH FL	Amount of Each Disbursement this Period 1350.00
	City NEW YORK State NY Zip Code 10036	
	Purpose of Disbursement SUBSCRIPTIONS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	14005.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
SNOW PHOTOGRAPHY

Mailing Address 930 M ST NW APT 1014

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PHOTOGRAPHY SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.100
Date of Disbursement

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

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)
STATE FARM

Mailing Address 1001 CONNECTICUT AVE NW STE 201

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.52
Date of Disbursement

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

Amount of Each Disbursement this Period

508.00

C.

Full Name (Last, First, Middle Initial)
STEARNS INSURANCE SERVICES

Mailing Address PO BOX 7338

City ST CLOUD State MN Zip Code 56302

Purpose of Disbursement
PAYROLL SVC/INSUR

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.75
Date of Disbursement

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

Amount of Each Disbursement this Period

1399.00

SUBTOTAL of Disbursements This Page (optional) ▶

2107.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) TERRA ECLIPSE	Transaction ID: SB21.152
	Mailing Address 9043 SOQUEL DR	Date of Disbursement 01 / 17 / 2010
	City APTOS State CA Zip Code 95003	Amount of Each Disbursement this Period 18661.00
	Purpose of Disbursement WEB SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TERRA ECLIPSE	Transaction ID: SB21.154
	Mailing Address 9043 SOQUEL DR	Date of Disbursement 02 / 10 / 2010
	City APTOS State CA Zip Code 95003	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement WEB SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TERRA ECLIPSE	Transaction ID: SB21.155
	Mailing Address 9043 SOQUEL DR	Date of Disbursement 02 / 11 / 2010
	City APTOS State CA Zip Code 95003	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement WEB SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

35161.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) TERRA ECLIPSE	Transaction ID: SB21.159 Date of Disbursement
	Mailing Address 9043 SOQUEL DR	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City APTOS State CA Zip Code 95003	Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE	<input type="text" value="1937.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) THE MCINTOSH COMPANY INC	Transaction ID: SB21.36 Date of Disbursement
	Mailing Address 3838 OAK LAWN AVE STE 850	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City DALLAS State TX Zip Code 75219	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="3040.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SB21.93 Date of Disbursement
	Mailing Address PO BOX 553	<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City WARRENDALE State PA Zip Code 15086	Amount of Each Disbursement this Period
	Purpose of Disbursement PHONE SERVICE	<input type="text" value="562.66"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5540.16"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SB21.95 Date of Disbursement
	Mailing Address PO BOX 553	<input type="text" value="01"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WARRENDALE State PA Zip Code 15086	Amount of Each Disbursement this Period
	Purpose of Disbursement PHONE SERVICE	<input type="text" value="487.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SB21.97 Date of Disbursement
	Mailing Address PO BOX 553	<input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WARRENDALE State PA Zip Code 15086	Amount of Each Disbursement this Period
	Purpose of Disbursement PHONE SERVICE	<input type="text" value="627.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SB21.98 Date of Disbursement
	Mailing Address PO BOX 553	<input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WARRENDALE State PA Zip Code 15086	Amount of Each Disbursement this Period
	Purpose of Disbursement PHONE SERVICE	<input type="text" value="646.17"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) WALDEN & ASSOCIATES Mailing Address 5300 MEMORIAL DR STE 1070 City HOUSTON State TX Zip Code 77007 Purpose of Disbursement FINANCE CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.43 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Amount of Each Disbursement this Period 3611.00

B. Full Name (Last, First, Middle Initial) WELLS FARGO Mailing Address PO BOX 63750 City SAN FRANCISCO State CA Zip Code 94163 Purpose of Disbursement BANK FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.1 Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2010
	Amount of Each Disbursement this Period 29.00

C. Full Name (Last, First, Middle Initial) WELLS FARGO Mailing Address PO BOX 63750 City SAN FRANCISCO State CA Zip Code 94163 Purpose of Disbursement BANK FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.2 Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2010
	Amount of Each Disbursement this Period 10.00

SUBTOTAL of Disbursements This Page (optional) ▶	3650.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) WELLS FARGO <hr/> Mailing Address PO BOX 63750 <hr/> City SAN FRANCISCO State CA Zip Code 94163 Purpose of Disbursement BANK FEE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.6 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010	Amount of Each Disbursement this Period _____ 6.00
B.	Full Name (Last, First, Middle Initial) MISSOURI REPUBLICAN STATE COMMITTEE <hr/> Mailing Address PO BOX 73 204 EAST DUNKIN ST <hr/> City JEFFERSON CITY State MO Zip Code 65102 Purpose of Disbursement TRAVEL Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.146 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010	Amount of Each Disbursement this Period _____ 78.68
C.	Full Name (Last, First, Middle Initial) NORTH DAKOTA REPUBLICAN PARTY <hr/> Mailing Address 1029 N 5TH ST PO BOX 1917 <hr/> City BISMARK State ND Zip Code 58502 Purpose of Disbursement TRAVEL Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.145 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010	Amount of Each Disbursement this Period _____ 779.90

SUBTOTAL of Disbursements This Page (optional)	864.58
TOTAL This Period (last page this line number only)	503768.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23.10 Date of Disbursement 03 / 26 / 2010	
	Mailing Address PO BOX 25950		
	City WOODBURY	State MN	Zip Code 55125
	Purpose of Disbursement VOID CHECK	Amount of Each Disbursement this Period -2400.00	
	Candidate Name MICHELE BACHMANN	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MN District: 06		
B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23.7 Date of Disbursement 03 / 26 / 2010	
	Mailing Address PO BOX 25950		
	City WOODBURY	State MN	Zip Code 55125
	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 2400.00	
	Candidate Name MICHELE BACHMANN	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MN District: 06		
C.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: SB23.1 Date of Disbursement 01 / 17 / 2010	
	Mailing Address PO BOX 50100		
	City SPRINGFIELD	State MO	Zip Code 65805
	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 2400.00	
	Candidate Name ROY BLUNT	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MO District:		

SUBTOTAL of Disbursements This Page (optional)	2400.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN MCCAIN INC

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN MCCAIN

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: AZ District:

Transaction ID: SB23.8

Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

2400.00

B. Full Name (Last, First, Middle Initial)
GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement CONTRIBUTION

Candidate Name CHARLES GRASSLEY

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: IA District:

Transaction ID: SB23.6

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

2400.00

C. Full Name (Last, First, Middle Initial)
HOEVEN FOR SENATE

Mailing Address PO BOX 15114

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN HOEVEN

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: ND District:

Transaction ID: SB23.3

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

2400.00

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
JON KYL FOR US SENATE

Mailing Address PO BOX 10246

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JON KYL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District:

Transaction ID: SB23.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
TIM BURNS FOR CONGRESS

Mailing Address PO BOX 4483

City EIGHTY FOUR State PA Zip Code 15330

Purpose of Disbursement
CONTRIBUTION

Candidate Name
TIM BURNS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 12

Transaction ID: SB23.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN RD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PATRICK TOOMEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District:

Transaction ID: SB23.4

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)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Transaction ID: SB23.2

Date of Disbursement

Mailing Address 425 2ND ST NE

^M <input type="text" value="0"/>	^M <input type="text" value="1"/>	/	^D <input type="text" value="3"/>	^D <input type="text" value="1"/>	/	^Y <input type="text" value="2"/>	^Y <input type="text" value="0"/>	^Y <input type="text" value="1"/>	^Y <input type="text" value="0"/>
---	---	---	---	---	---	---	---	---	---

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
CONTRIBUTION

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

26800.00

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)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
WILLIAM COOPER

Mailing Address 801 MARQUETTE AVE

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.1
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
CURTIS A SAMPSON

Mailing Address PO BOX 698

City HECTOR State MN Zip Code 55342

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.3
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)

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
CITIZENS FOR DURKIN

Mailing Address PO BOX 367

City WESTERN SPRINGS State IL Zip Code 60558

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28C.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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